

South Dakota APF/AAPF State Powerlifting Championships

February 6, 2016

- SPONSORED BY:** **RIVER CITY FITNESS**
Chamberlain, SD | Ph: (605) 234-1018
- RIVER CITY FITNESS 2**
Pierre, SD | Ph: (605) 224-1425 & (605) 494-1425
- MEET DIRECTORS:** **J.R. Bolger**, SD APF State Co-Chairman
Ph: 605-222-8640
Email: powerlifter6662000@yahoo.com
- John Lenz**, SD APF State Co-Chairman
River City Fitness
Email: rivercityfitness@hotmail.com
Web: www.rivercityfitness.com
- MEET UPDATES:** Visit the meet website at: <http://www.rivercityfitness.com/APF/SDstateMeet-Feb2016/> or
Find the “2016 SD State APF/AAPF Powerlifting Championships” event page on Facebook.
- SANCTIONED BY:** The American Powerlifting Federation (APF)
- PLACE:** **AmericInn® Lodge & Suites Chamberlain - Conference Center**
Address: 1981 E King Ave, Chamberlain, SD 57325
Phone: (605) 734-0985
Room Fees: \$69.99 **Must mention that you are with the meet to get the rate!*
- ELIGIBILITY:** Open to qualified APF registered athletes. All athletes must have a current APF registration card or purchase one at the meet. Athletes may register at the meet or before weigh-in time with J.R. Bolger, State Chairman. (APF registration fee \$30.00)
***Make APF registration checks/money orders out to the APF, NOT THE MEET DIRECTOR**
- WEIGH-IN:** Friday-February 5, 2016: 9:00 AM – 12:00 PM & 4:00 PM – 6:00 PM
***THERE WILL BE NO WEIGH-INS ON DAY OF MEET!**
- LIFTING SESSIONS:** Saturday-February 6, 2016: 9:00 AM
Rules briefing will be at 8:00 AM
- UNIFORM:** Must have one piece lifting suit or wrestling suit. (Mandatory)
- ENTRY FEE:** All entry fees must accompany this entry form, to the meet director, no later than **January 15, 2016**.
A late fee of \$50 will be applied to all entries received **POST MARKED** after this date.
NO ENTRIES allowed after January 22, 2016!
*****Make Checks payable to: John Lenz**
- WEIGHT CLASSES:** Men’s Open 114, 123, 132, 148, 165, 181, 198, 220, 242, 275, 308, and SHW
Women’s Open 97, 105, 114, 123, 132, 148, 165, 181, 198, and SHW
RAW division is for State Records ONLY
- AWARDS:** Awards will be given to the first three places in each men and women’s division.
There will be “BEST LIFTER” awards as follows by formula:
APF – One man and one woman. AAPF – One man and one woman.
(The type of awards may vary, depending upon the number of entries)



ENTRY FORM

Name: _____
Last Name First Name MI

Residence: _____
Street city state zip

Telephone: _____ E-mail address: _____

Date of Birth: _____ APF CARD#: _____

Circle One: APF / AAPF

EQUIPPED (squat suit, bench shirts, deadlift suits) **Classic Raw** (singlet and knee wraps only) **RAW** (singlet only)

_____ Men's Full Meet \$75 Weight Class _____ Age _____
_____ Women's Full Meet \$75 Weight Class _____ Age _____
_____ Men's Bench Press/Deadlift \$75 Weight Class _____ Age _____
_____ Men's Bench Press \$75 Weight Class _____ Age _____
_____ Men's Deadlift \$75 Weight Class _____ Age _____
_____ Women's Bench Press/Deadlift \$75 Weight Class _____ Age _____
_____ Women's Bench Press \$75 Weight Class _____ Age _____
_____ Women's Deadlift \$75 Weight Class _____ Age _____

Meet T-Shirts: \$20 ea. **Size: S** _____ **M** _____ **L** _____ **XL** _____ **2XL** _____ **3XL** _____

****ENTRY FEES & APF CARD FEES** → \$75 division entry fee, \$35 each additional division
ARE TO BE PAID SEPARATELY, → Note: AAPF competitors must add an additional \$10 for testing.
NOT TOGETHER**

TOTAL amount enclosed: \$ _____

AGREEMENT, WAIVER AND RELEASE

In consideration of the acceptance of this entry I hereby for myself, my heirs, executors, and administrators waive and release any and all rights and claims for damages I may have against the AmericInn, APF, River City Fitness, John R. Bolger, John Lenz, their representatives, successors and assigns for any and all injuries or bodily harm that I might suffer while competing at the SD APF/AAPF State Powerlifting Championships. I also agree that all pictures and video taken by the designated meet photographer may be used for advertisement and in sports publications.

Signature in full _____ Date _____

Parent's signature if under 18: _____

Make Meet Check Payable To:
John Lenz

Mail Entry To:
John Lenz
608 S. Main St – Kimball, SD 57355