



Application for Registration

UNITED STATES POWERLIFTING FEDERATION

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|--------------------------------------|---------------------|----------------------|----------------|--------------------------------------|
| Last Name | First Name | Initial | Renewal Y N | Current Card # (If Renewal) |
| Street Address | | | City | |
| State | Zip | Area Code/Telephone | | |
| Email | | | | Current Referee Status INT NAT ST |
| Special Fee Category HS SO IN REF | U.S. Citizen Y N | Date of Birth / / | Sex M F | Today's Date / / |
| Card Issued By | | | | |

NOTE: Special \$10 fee applies to Non-Competing Referees.

\$15 fee applies to Special Olympians; High School Students with proof of enrollment and inmates when paid with an institution check.

Any USPF sanctioned contest may be drug tested at the discretion of the meet director. In recognition of the need for drug-usage detection, I agree to submit to any testing procedures deemed appropriate by the USPF or its agents and shall accept the results and consequences of such tests.

Registration Fee \$30.00

Make checks payable to and Mail to:

**USPF National Headquarters
USPF President - Lance Karabel
1200 West 35th Street
Chicago, IL 60609**

If Under 18 have Parent Initial _____ Signature _____

White: USPF Office Yellow: Meet Director Pink: Member