



# World Record Form

190 Arsenal Rd.  
York, PA 17404  
Phone (717) 495-0024

**PLEASE RETURN FORM AND PAYMENT FOR CERTIFICATE  
TO THE ABOVE ADDRESS ONLY.**

Name: \_\_\_\_\_ IPA Expiration Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_ Email: \_\_\_\_\_ Country: \_\_\_\_\_

Name of meet where record was set: \_\_\_\_\_

Date and location of Meet: \_\_\_\_\_

Lifters Classification: Men's: \_\_\_\_\_ Women: \_\_\_\_\_ Weight Class: \_\_\_\_\_

Professional: \_\_\_\_\_ Amateur: \_\_\_\_\_ RAW: \_\_\_\_\_

Division: (check) Teenage: \_\_\_\_\_ Junior: \_\_\_\_\_ Open: \_\_\_\_\_

(age)

Submaster: \_\_\_\_\_ Master: \_\_\_\_\_ Police: \_\_\_\_\_ Special Olympics: \_\_\_\_\_

(age)

Power Bench Bench/Deadlift  
(circle one)

**Enter Weight in pounds after each record lift:**

Squat: \_\_\_\_\_ Bench: \_\_\_\_\_ Deadlift: \_\_\_\_\_ Total: \_\_\_\_\_

**Signature of officials who witnessed record:**

Side Referee: \_\_\_\_\_ Center Referee: \_\_\_\_\_ Side Referee: \_\_\_\_\_

**Please check one:**

Record recorded with the IPA (no charge): \_\_\_\_\_

Send Certificate documenting my record (\$25): \_\_\_\_\_

Send *FRAMED* Certificate documenting my record (\$40): \_\_\_\_\_

**Payments must be made by cash or money order only.**

**Note: All record applications must be completed and submitted within 30 days of the date the record was set.**