



# State Record Form

International Powerlifting Association  
2018 Carlisle Rd.  
York, PA 17408  
[IPAPOWER2@GMAIL.COM](mailto:IPAPOWER2@GMAIL.COM)

**PLEASE RETURN FORM AND PAYMENT FOR CERTIFICATE  
TO THE ADDRESS NOTED ABOVE.  
PLEASE MAKE CHECK PAYABLE TO **ELLEN CHAILLET****

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

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

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

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

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)

**Enter weight in pounds for each record set/broken:**

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

**Signature of officials who witnessed the record:**

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

**Please check one:**

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

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