



# World Record Form

International Powerlifting Association  
c/o Fischer Financial Services, Inc.  
4431 North Front Street, Suite 105, Harrisburg, PA 17110  
Phone (888) 886-1902

**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: \_\_\_\_\_ 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): \_\_\_\_\_

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