Contest_____

Date _____

Location (City/Prov) _____

Meet Director _____

Phone:_____ Email: _____

Name	Prov	Tested?	BW	WT-CL	Age Cat.	Real Age	Squat 1	Squat 2	Squat 3	Bench 1	Bench 2	Bench 3	Dead 1	Dead 2	Dead 3	Total	Place	Wilks Co-eff	Wilks Pts

Chief Referee: _____

Signature:_____

Category: _____

Side Referee: _____

Signature:_____

Category: _____

Side Referee: _____

Signature:_____

Category: _____