



Record Order Form

Name:

Address:

City:

Province:

Postal Code:

Phone:

Email:

GPC #:

Birthday:

Date of Meet:

Weight Class:

Age Class:

Sex:

Raw or Equipped:

Powerlifting:

Squat:

Single Lift:

Squat:

Bench:

Bench:

Deadlift:

Deadlift:

Total:

Unlimited Bench:

Signature:

Email or Mail completed form and money to:

michellesenger@hotmail.com