



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 | Single Lift |
|---------------------|----------------------|
| Squat: _____ | Squat Only: _____ |
| Benchpress: _____ | Bench Only: _____ |
| Deadlift: _____ | Deadlift Only: _____ |
| Total: _____ | |

Signature: _____

Email or Mail completed form and money to:

Lee Powell

lee@SSPowerlifting.com

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Regina, SK

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