Powerlifting Registration Form Special Olympics Ontario



Club Name:			SOO Club ID #:		Contact Person:			Contact Number:	
Mailing Address (For Results):			Postal Code:		Email:			1	
Lifter's Profile					Events				
Lifter's Name	Sex (Circle)	DOB (MM/DD/YYYY)	SOO ID#	Weight Class	Squat	Bench	Deadlift	Combo (Bench, Deadlift)	Combo (Squat, Bench, Deadlift)
	M/F							,	,
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	M/F								
	M/F								
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