

APPLICATION FOR LOUISIANA HIGH SCHOOL
POWERLIFTING STATE RECORD

Date of application: _____

Competition (Regional, State): _____

Lifter's Name: _____

Weight Class: _____ Bodyweight: _____

School: _____

Lift attempted: (Squat, Bench, Deadlift, or Total): _____

Amount Lifted: _____

This attempt listed above was performed satisfactorily at an LHSPLA Regional or State competition with three (3) LHSPLA recognized officials in the chairs. We, the undersigned, verify that the applicant listed above has met the criteria for being considered a new Louisiana High School Powerlifting Association record holder as witnessed by our signatures.

	Name/Signature	Certification
Head Official:		
Side Official:		
Side Official:		
*Meet Director/ *Records Chairman:		
Athlete:		

LHSPLA Recognized Officials: LHSPLA State

Please return this document to a member of the LHSPLA Executive Committee.

*Meet Director or Records Chairman can sign for verification.