## 2020 Special Olympics WI, State Powerlifting Registration Form

Deadline: Monday April 6th, 2020

Team Name:				m			
Agency Number:			(	2020	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Coach's Name:		Special (File) Olympics Wisconsin					
Coach's Phone Number				STA			
Coach's Email:					$\vec{P}$		
Number of Male Lifte			P	OWERL	TINC		
Number of Female Lif	ters:		•			,	
Number of T-shirts f	or coaches:SM	_L XLX	XL3X	L4	XL		
Number of Athletes >	< \$10.00 State Fee =						
		Your Agency will	be deduc	ted Autor	naticall	у	
ATHLETE REGISTRATION	N LIFTERS WILL BE ENTERED INTO COMBOS AT THE MEET			THE PLEASE PLACE X IN BOX FOR WHICH YOU WILL PARTICIPATE			
AST NAME	First Name	Shirt Size	MALE/	BENCH	SQUAT	DEADLIFT	
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