

# 2015 STATE SUMMER GAMES POWERLIFTING ATHLETE ROSTER

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Email: \_\_\_\_\_

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F	EVENT 1	EVENT 2	EVENT 3	COMBO
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE

**\*\*\*You must list every event code for each athlete.\*\*\***