

INDIAN WEIGHTLIFTING FEDERATION

NATIONAL YOUTH (SUB-JUNIOR BOYS) /

MEN JUNIOR WEIGHTLIFTING CHAMPIONSHIPS

YOUTH (SUB-JUNIOR BOYS) / JUNIOR (MEN)

ENTRY FORM

Maximum Entries: **Youth Boys - 10 & Jr. Men - 8**

Entry Closes on:

Reserve: **Youth Boys & Jr. Men - 2**

With Late fee on

Not more than 2 in a category

STATE _____

Wt. Cat. Kgs	Name in BLOCK LETTERS	Date of Birth	Certified Medical Age	IWF ID Card No.	Entry Total	(Tick wherever applicable) Competing in		Name of Coach under whom training for last 3 months
						Youth	Junior	
50	1							
	2							
56	1							
	2							
62	1							
	2							
69	1							
	2							
77	1							
	2							

85	1							
	2							
94	1							
	2							
+94	1							
	2							
105	1							
	2							
+105	1							
	2							

OFFICIALS ACCOMPANYING THE TEAM FOR THE CHAMPIONSHIPS:-

NAME OF MANAGER 1: _____ 2: _____

NAME OF COACH 1: _____ 2: _____

ARRIVAL DATE & TRAIN NO. _____

DEPARTURE _____

[SEAL] **Hony. General Secretary**

- i. Please ensure all columns are filled properly in CAPITAL letters or COMPUTERISED TYPING.
- ii. Minimum qualifying in Entry total will be as per Junior Category for those athlete who are competing in both the Youth & Junior Groups

INCOMPLETE ENTRIES WILL NOT BE ENTERTAINED

INDIAN WEIGHTLIFTING FEDERATION

NATIONAL YOUTH (SUB-JUNIOR GIRLS) / WOMEN JUNIOR WEIGHTLIFTING CHAMPIONSHIPS

YOUTH (SUB-JUNIOR GIRLS) / JUNIOR (WOMEN)

ENTRY FORM

Maximum Entries: **Youth Girls - 9 & Jr. Women - 7** Entry Closes on:

Reserve: **Youth Girls & Jr. Women - 2** With Late fee on

Not more than 2 in a category

STATE _____

Wt. Cat. Kgs	Name in BLOCK LETTERS	Date of Birth	Certified Medical Age	IWF ID Card No.	Entry Total	(Tick wherever applicable) Competing in		Name of Coach under whom training for last 3 months
						Youth	Junior	
44	1							
	2							
48	1							
	2							
53	1							
	2							
58	1							
	2							
63	1							
	2							

69	1							
	2							
+69	1							
	2							
75	1							
	2							
+75	1							
	2							

OFFICIALS ACCOMPANYING THE TEAM FOR THE CHAMPIONSHIPS:-

NAME OF MANAGER 1: _____ 2: _____

NAME OF COACH 1: _____ 2: _____

ARRIVAL DATE & TRAIN NO. _____

DEPARTURE _____

[SEAL]

Hony. General Secretary

- i. Please ensure all columns are filled properly in CAPTIAL letters or COMPUTERISED TYPING.
- ii. Minimum qualifying in Entry total will be as per Junior Category for those athlete who are competing in both the Youth & Junior Groups

INCOMPLETE ENTRIES WILL NOT BE ENTERTAINED