

Team manager:

Referee 1:

Referee 2:

Referee 3:

Oceania Regional Powerlifting Federation official nomination form

Preliminary: 22nd November 2019	Final: January 1st 2020	The latest day for changes of categories for which referee has been allocated in the final nomination: 21 Days Before Technical Meeting
The Oceania Regional		ation and the Nauru Powerlifting Federation invite nations to participate in the
Oceania Regiona	Classic/Ra al Classic and I	Open, Sub-Junior, Junior & Masters w and Equipped Equipped Powerlifting Championship nuary 2020 on Nauru Island
	makau Tannang- Email +6745584292	: temtan10@gmail.com Phone +6745587660-
Phone: +6745	573153	uail: posiebop@gmail.com
Submitted by	National	Powerlifting Federation/Association
Submitting officer: Preliminary	Title: _	Final nomination
Submitting officer is respo	nsible for the complet	te and accurate completion of all points of entry form

Head

Cat

Cat:

Cat

*Available for categories/

*Available for categories/

*Available for categories/



Referee 4:	Cat: 1	*Availab	le for es/ days :	Only for Jury in referees	case of insufficient # of Cat. 1
Important: It is obligatory to fill in the category for the referee.	ory or the d	ay in whic	ch the referee is ava	nilable for duty. T	his information is binding
For referees 21 days before the been allocated in the final nomin must include at least one internal	nation. Any	nation, p			
All nominated referees attending	a champic	onship, m	ust be available for	at least two days	3.
It is the responsibility of each Fe be available or cancel the refere					egories their referees will
All referees nominated at the tin Secretary (TS).	ne of the fir	nal nomin	ation will be awarde	ed referee duties	s by the ORPF Technical
All federations/referees must concorrections. All corrections must			,	•	
Submitting officer address -	very impo	rtant, res	sponsible for the c	omplete!	
Officer's name:	E	Ξ-mail:		Phone:	
State each lifter's personal bes months. Enter the lifter's family r					

Please, use each lifter's full first name, not his or her nickname!

MEN

Sub Junior MEN

Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
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Reserve	lifters, max. 5 per team						
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	or MEN						T
Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
Reserve	lifters, max. 5 per team						
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Open	MEN						
Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
Reserve	lifters, max. 5 per team						



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Masters 1 MEN

Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
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			P				
Reserve	lifters, max. 5 per team						
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Masters 2 MEN

Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
Reserve	lifters, max. 5 per team	<u>'</u>				\ 	



Sub Junior Equipped MEN

First Name

Birthday

SQ

ВР

DL

TOTAL

Family Name

Class

Oceania Regional Powerlifting Federation OFFICIAL NOMINATION FORM

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Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
Reserve	lifters, max. 5 per team	·		1			
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Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
	Pro E						
Reserve	lifters, max. 5 per team					I	



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Reserve I	ifters, max. 5 per team			
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Junior Equipped MEN

Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
Reserve	lifters, max. 5 per team		•	•			
							r

Open Equipped MEN

Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL



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Reserve I	ifters, max. 5 per team				
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Masters 1 Equipped MEN

Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
Reserve	lifters, max. 5 per team		•	•			
	l.						

Masters 2 Equipped MEN

Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL



Reserve	ifters, max. 5 per team			

Masters 3 Equipped MEN

Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
Reserve	lifters, max. 5 per team					<u>, </u>	
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Masters 4 Equipped Men

Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL



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WOMEN

Sub Junior Women

	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
Reserve I	ifters, max. 5 per team						

Junior Women

Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL

Reserve lifters, max. 5 per team



Open Women

Family Nan	ne First Name	Birthday	SQ	ВР	DL	TOTAL
	<u> </u>					
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eserve lifters, max. 5	per team	I.				L

Masters 1 Women

Fami	ly Name	First Name	Birthday	SQ	ВР	DL	TOTAL
Reserve lifters,	max. 5 per team			L			



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ľ	Masters 2 Women						
Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
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Pasarya I	ifters, max. 5 per team						
IXESEI VE I	nters, max. 5 per team						
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Mooto	rs 3 Women						
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Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
Reserve I	ifters, max. 5 per team					1	

Masters 4 Women

Class	Family Name	First Name	Birthday	SQ	BP	DL	TOTAL



Reserve I	ifters, max. 5 per team			

Sub Junior Equipped Women

	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
Reserve	lifters, max. 5 per team						

Junior Equipped Women

	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL



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Reserve I	ifters, max. 5 per team			

Open Equipped Women

Famil	ly Name	First Name	Birthday	SQ	ВР	DL	TOTAL
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Reserve lifters, r	nax. 5 per team						

Masters 1 Equipped Women

	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
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Reserve	lifters, max. 5 per team						
	Masters 2 Equip	ped Women					
Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
Reserve	lifters, max. 5 per team					1	
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						1	
	ers 3 Equipped V						
Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
Reserve	lifters, max. 5 per team						



Maste	rs 4 Equipped Wo	men					
Class	Family Name	First Name	Birthday	SQ	ВР	DL	TOTAL
Reserve I	ifters, max. 5 per team			•		•	

1. ACCREDITATION OF THE FEDERATION'S TEAM LEADERS

Full and complete Name of team Leaders					

<u>Please note</u>: Team leaders and Doctor or Physiotherapists <u>must</u> sit in the audience until they are reason for them to go to the warm up/wrapping area. (i.e. if there is an injury). Also, Team Doctors or Physiotherapists <u>must</u> provide documentation to prove their qualification.

2. ACCREDITATION OF THE FEDERATION'S ASSISTANT COACHES

Full and Complete Name of each assistant Coach	Federation Title



3. ACCREDITATION OF THE FEDERATION'S TEAM DOCTOR OR PHYSIOTHERAPIST



Oceania Regional Powerlifting Federation

OFFICIAL NOMINATION FORM

Full and complete Name of team Doctor or physiotherapist – - must provide documentation to prove their qualification	

<u>Please note</u>: Team doctor or physiotherapist <u>must</u> sit in the audience until they are required to go to the warm up/wrapping area i.e. if there is an injury.