



**IMCOM EUROPE / USAG BAVARIA
RAW POWERLIFTING CHAMPIONSHIP
MEMORIAL FITNESS CENTER, BLDG. 616,
ROSE BARRACKS, VILSECK, GE
14 DECEMBER 2024
REGISTRATION FORM**



PLEASE PRINT ALL INFORMATION

Print Name (Last, First, MI)

Rank/Grade

AGE

T-shirt size

UNIT

CMR

BOX

APO

Duty Phone

Cell Phone

Community

Email Address

REGISTRATION FEE: \$20

WEIGHT CLASSES

Method of Payment

PRESENT WEIGHT: _____

WEIGHT CLASS: _____

Master Card

Visa

American Express

MEN

- Up to 114 lbs. (52 kg)
- Up to 123 lbs. (56 kg)
- Up to 132 lbs. (60 kg)
- Up to 148 lbs. (67.5 kg)
- Up to 165 lbs. (75 kg)
- Up to 181 lbs. (82.5 kg)
- Up to 198 lbs. (90 kg)
- Up to 220 lbs. (100 kg)
- Up to 242 lbs. (110 kg)
- Up to 275 lbs. (125 kg)
- Up to 308 lbs. (140 kg)
- 308+ lbs. (140+ kg)

WOMEN

- Up to 97lbs. (44 kg)
- Up to 105 lbs. (48 kg)
- Up to 114 lbs. (52 kg)
- Up to 123 lbs. (56 kg)
- Up to 132 lbs. (60 kg)
- Up to 148 lbs. (67.5 kg)
- Up to 165 lbs. (75 kg)
- Up to 181 lbs. (82.5 kg)
- Up to 198 lbs. (90 kg)
- Up to 202 lbs. (100 kg)
- 220+ lbs. (100+ kg)

Credit Card Number:

Expiration date:

Security Code:

Card Holder's Name:

Note: Registration Form must be submitted no later than 27 NOV 2024, at 12:00 hours.

T-SHIRT: Sizes are limited and not guaranteed

In consideration for participating in this program, I the undersign hereby waive and release any and all rights for claims, for damages against U.S Army, Europe, USAG Bavaria F&MWR Sports & Fitness and any other agency associated with the conduct of this program which include all preparation in planning and execution. This waiver includes releasing the above-mentioned agencies, organizations and activities for any injury I might suffer while participating in this event. Additionally, I hereby authorized emergency medical treatment if needed. I affirm that the given age and ability level are correct.

SIGNATURE: _____

DATE: _____