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| **nwl logo** | **NWL REGIONAL MASTERS WEIGHTLIFTING CONTEST 2018****ENTRY FORM****OASIS COMMUNITY CENTRE, CORONATION ROAD, ELLESMERE PORT, CH65 9AA.****SATURDAY 10th NOVEMBER 2018****Weigh-in and Start: 9am-10am Start 11am depending on numbers may become 2 days.** | BWLA MASTERS LOGO |
|  |  |  |

Please complete this form fully and in **BLOCK CAPITALS**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  Post Code: |
| Date of Birth |  / / | Gender |   |
| Contact Phone No. |  | E-mail |  |
| BWL Club |  | BWL Membership No. |  |
| NWL Regional MastersBWT Class - Please circle (or shade) the correct value |
| Men: | 55 | 61 | 67 | 73 | 81 | 89 | 96 | 102 | Women: | 45 | 49 | 55 | 59 | 64 | 71 | 76 |
|  | 109 | +109 |  |  |  |  |  |  |  | 81 | 87 | +87 |  |  |  |  |
| Age at the 31st December 2018. |  |  |
| Best Total. |   |

* You should note that the closing date for entries is **Friday 5th October 2018**
* Your BWL Membership Book (or Home Country Membership Card) must be collected at the Weigh-In for the duration of the competition
* Competitors will be notified of any changes to the above details, e.g. weigh in time, start time, etc. Please check the northernweightlifting.com website from 12th October onwards
* With this entry form you must enclose the following:
* Entry Fee: **£23.00.**

Payment can be made by cheque or by bank transfer. Please tick the box to indicate whether you have paid online or by cheque.

 Cheque (made payable to NWL)

 Bank transfer to Barclays Bank PLC

 Sorting Code - **20-11-81** Account Number **- 30993344**

When paying online with a bank transfer you MUST put your name as the payment reference so that payment can be tracked and entries accepted.

Please return forms and cheque to: Christopher Baker, 52, Surrey Crescent, Consett, Co Durham, DH8 8HT. email jcb.cwlc@hotmail.co.uk Tel no 07849181705.

I agree to be bound by the rules and regulation of the IWF masters and declare that I am physically fit to undertake the sport of weightlifting and have no knowledge of any medical condition which will make weightlifting contra-indicated to my wellbeing.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_