

# USA Powerlifting – Florida Record Certificate Order Form

## Member Information [Please Print]

Name: _____	Date of Birth: _____
Address: _____	
City: _____	State: _____ Zip: _____
Telephone: _____	Email: _____

## Record Information [List in Pounds]

Weight Class: _____	Division[s]: _____		
Squat: _____	Bench Press: _____	Dead Lift: _____	Total: _____
Contest: _____	Date of Contest: ____/____/____		
Lifter's Signature: _____	Date: _____		

**Florida Powerlifting Records can be viewed at: [www.geocities.com/floridausapl](http://www.geocities.com/floridausapl)**

## Purchase Information

Number of Certificates _____	Amount Paid \$ _____	Check#: _____
Special Instructions: _____		
Please enclose a check or money order of \$10.00 for each certificate being requested [Includes shipping/handling]. Allow two [2] weeks for processing and delivery. <i>Checks should be made payable to Robert Keller</i>		
<b><u>Send Record Certificate Order Form and Payment to:</u></b> <b>Robert Keller - Records Chairman</b> <b>USA Powerlifting – Florida</b> <b>Post Office Box 291571</b> <b>Davie, Florida 33329</b> <b>Telephone: 954.790.2249 / Fax: 954.301.3344 / rhk@verizon.net</b>		

[For USAPL – Florida Staff Use Only]

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Verified: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_