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| Preliminary : 4th April 2019 | Final : 13th May 2019 | Last day to cancel the booked hotel rooms and ordered the banquet tickets : 13th May 2019 |

**The International Powerlifting Federation and the Swedish Powerlifting Federation**

invite the IPF member nations to participate in the

**Men’s and Women’s combined Open, Sub-Junior, Junior & Masters Classic/Raw**

**Powerlifting World Championships**

**June 3 – June 15 2019, In Helsingborg**

**The preliminary and final nomination forms must be sent to:**

**Meet Director**: Robert Ericsson, Östra Långgatan 5 73132 Köping Sweden-SE

E-mail: [robert.ericsson@styrkelyft.se](mailto:robert.ericsson@styrkelyft.se) , Phone: +46 104507171

**Correspondence, visa:** Anett Langva e-mail: anett.langva@styrkelyft.se tel: +46 104507172

**Accommodation and transport:** Anette Snögren, [powerlifting@grandtravel.se](mailto:powerlifting@grandtravel.se)

**Transport**: Link for accommodation, transport and banquet: [www.trippus.net/Helsingborg2019\_WorldPowerliftingChampionship](http://www.trippus.net/Helsingborg2019_WorldPowerliftingChampionship)

**Technical Secretary**: Anett Langva e-mail: anett.langva@styrkelyft.se tel: +46 104507172

**IPF Championship Secretary:** Gaston Parage, 3, route D’Arlon, L-8009 Strassen, Luxembourg

Mobile Phone: +352-621165214, Fax: +352-582696, E-Mail: Gaston.Parage@powerlifting.sport

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| Submitted by : |  | National Powerlifting Federation/Association |

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| Submitting officer : |  | Title : |  | Date : |  |

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| Teammanager : |  | **Head Coach:** |  |

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| Referee 1 : |  | Cat : |  | Available for categories : |  |

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| Referee 2 : |  | Cat : |  | Available for categories : |  |

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| Referee 3 : |  | Cat : |  | Available for categories : |  |

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| Referee 4 : |  | Cat : | 1 | Available for categories : | Only for Jury in case of insufficient of Cat. 1 referees |

**Each referee must state for which categories he/she will be free from other duties (coach, lifter) in column “Available” for categories”. He/she must referee in the stated categories if he/she is nominated by Technical committee for these classes.**

**If available categories are not stated, he/she is obliged to referee in categories decided by the Technical official.**

**It is an obligation of every Federation to confirm the participation of all their Referees nominated in the Final nomination or cancel the referees who will not participate in the Championship!!!**

**Latest date for changes of categories for which has been allocated by the championship secretary must be made latest 7 days prior to the Technical Meeting of the competition. If referees do not indicate changes to the Championships Secretary during that time, referees are obliged to be available for the original categories stated on IPF website on “Referees/Jury duty” section.**

**State each lifter’s personal best achieved at national or international championships during the previous 12 months. Enter the lifter’s family name and first name separately into an appropriate column below.**

**All nominated referees attending a championship, must be available for at least two days !!!**

(see IPF Technical Rules).

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| Total number of lifters : |  | Total amount of team : |  | Airport/station : |  |

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| Arrival date : |  | Arrival time : |  | Flight nr : |  |

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| Departure date : |  | Departure Time : |  | Flight nr : |  |

If necessary, attach a separate list of all travel details. Date, time, airline and flight number, **and indicate if they need airport pickup.**

##### Airport Transport

Transport from Ängelholm airport to hotel: (250 **SEK**) each way/per person), 30 minutes travel. Transport fee is payable in advance, or on arrival in cash (**SEK!**) only.

##### How many persons transport are you paying for in advance? \_\_\_\_\_\_\_\_\_\_\_\_NOMINATION FORM

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

**Women Sub-Junior**

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| **Class** | **Family Name** | **First Name** | **Birthday** | **SQ** | **BP** | **DL** | **TOTAL** |
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| **Reserve lifters, max. 5 per team** | |  |  |  |  |  |  |
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**Women Junior**

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| **Class** | **Family Name** | **First Name** | **Birthday** | **SQ** | **BP** | **DL** | **TOTAL** |
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| **Reserve lifters, max. 5 per team** | |  |  |  |  |  |  |
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**Women Open**

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| **Class** | **Family Name** | **First Name** | **Birthday** | **SQ** | **BP** | **DL** | **TOTAL** | **WADA ID#** |
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**Women Master 1**

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**Women Master 2**

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| **Class** | **Family Name** | **First Name** | **Birthday** | **SQ** | **BP** | **DL** | **TOTAL** |
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**Women Master 3**

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| **Class** | **Family Name** | **First Name** | **Birthday** | **SQ** | **BP** | **DL** | **TOTAL** |
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**Women Master 4**

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**Men Sub-Junior**

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**Men Junior**

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**Men Open**

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**Men Master 1**

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**Men Master 2**

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**Men Master 3**

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**Men Master 4**

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**Address for contact:**

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| Name : |  | Street : |  | | Zipcode : |  |
| City : |  | Country : |  | Phone : |  | |
| Fax : |  | E-mail : |  |

2. ACCREDITATION FOR FEDERATION TEAM LEADERS

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| Full and complete Name of team leaders: |
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**Please note**: Team leaders **must** sit in the audience until they are reason for them to go to the warm up /  
wrapping area.

**3. ACCREDITATION FOR FEDERATION ASSISTANT COACHES**

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| **Full and complete name of each assistant coach** | **Federation title** |
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4. ACCREDITATION FOR FEDERATION TEAM DOCTOR OR PHYSOITHERAPIST

**Full and complete Name of team doctor or physiotherapist – must** provide documentation to prove their qualification.

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**Please note**: Team doctor or physiotherapist **must** sit in the audience until they are required to go to the

warm up/wrapping area i.e. if there is an injury.

Visa Support Form

Swedish Embassies worldwide been notified of the Championship

and should have it listed on their Calendar of Events.

**Contact Anett Langva:** anett.langva@styrkelyft.se

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| Full names of athletes | Birth Day | Passport Number | Expiration Date |
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