

2012 STATE SUMMER GAMES **POWERLIFTING ATHLETE ROSTER**

Please Print Clearly:

Agency Number: _____ Agency Name: _____

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS
BY DEADLINE DATE!**

ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)		M/F
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		