



Record Claim Form (Please Complete All Boxes)

Full Name	
Age	
Date of Birth	
Name of the Competition attended	
Date Record Achieved	

Age Class	
Weight Class	
Your Body Weight	
Classic/Equipped	

Discipline	Weight Achieved (KG)
Squat	
Bench Press	
Deadlift	
Total	
Bench Press (Single Lift)	

Signature

Date

All completed forms should be emailed to: [Aminabux@googlemail.com](mailto:Aminabux@googlemail.com)