

APF/AAPF 2nd ANNUAL MICHIGAN HOLIDAY OPEN

December 9, 2017



- MEET DIRECTOR:** Art Little – artmstrlifter@sbcglobal.net
- SANCTIONED BY:** APF/AAPF
- SPONSORED BY:** Matt Brimer and The Royal Oak Gym
- EVENT LOCATION:** The Royal Oak Gym, 1600 Stephenson Hwy., Royal Oak, MI 48087
- ELIGIBILITY:** Lifters must be an APF registered athlete by the time of the meet. You can renew or get your new membership at weigh-ins or at www.worldpowerliftingcongress.com.
- Nearest accommodations:
- Hampton Inn
32420 Stephenson Hwy., Madison Heights
(248) 585-8881
- Holiday Inn Express and Suites
400 Stephenson Hwy., Troy
(248) 583-1900
- WEIGH-IN:** Friday, December 8, 2017: 9:00am – 12:00 p.m. and 4:00pm – 9:00pm
- Saturday, December 9, 2017: 7:00am – 8:00 a.m.
Check in at Score Table.
- EVENT:** **MANDATORY RULES BRIEFING: Saturday, December 9, 2017, at 8:00 a.m.**
- Lifting starts Saturday, December 9, 2017, at 9:00 a.m.**
- UNIFORM:** One-piece lifting suit or wrestling suit is MANDATORY.
- CONTEST LIFTS:** Push/Pull, Bench and Deadlift – Equipped and Raw
- ENTRY FEE:** Meet entry fee is \$135 for Push/Pull and \$85 for Bench or Deadlift Only, if received on or prior to the **DEADLINE, November 30, 2017**. If received after November 30, 2017, there's an additional \$25 late fee.
- Make checks payable to The Royal Oak Gym. **First 85 Lifters ONLY**
- SPECTATOR FEE:** \$5.00

BENEFITING SPECIAL OLYMPICS OF SOUTHEASTERN MICHIGAN



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HOLIDAY OPEN
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Please Print Legibly

Full name: _____ Sex (circle one): Male Female
 Age _____ Date of Birth _____ e-mail _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone Number _____ Alternate Phone Number _____
 Current APF card (circle one): No Yes If so, card number is _____

APF or AAPF (circle one)

Event Entered (circle all that apply): Bench Only Deadlift Only
Raw/Equipped (circle one): Raw Equipped
Division Entered (circle all that apply): Open
 Teen: 13-15 16-17 18-19
 Junior: 20-23
 Submaster: 33-39
 Master: 40-44 45-49 50-54 55-59 60-64 65-69 70-74
 75-79 80+
Weight Class (circle one): Women: 97 105 114 123 132 148 165 181 198 198+
 Men: 114 123 132 148 165 181 198 220 242 275 308 308+

Fees & Payment: Entry fee: Push/Pull- \$135: _____

Deadlift - \$85: _____

CASH, CERTIFIED CHECKS, MONEY Bench - \$85: _____

ORDERS OR CREDIT CARD, ONLY, PLEASE If after November 30, 2017, add late fee \$25: _____

Make checks or money orders out to: Royal Oak Gym **TOTAL DUE:** _____

ATHLETIC RELEASE: On behalf of myself, my heirs, executors, administrators and assigns, I hereby waive, release and fully discharge any and all officials, sponsors, participants or organizations connected to the APF/AAPF, Ezra Solomon, the Facility, Art Little, Matt Brimer, the Royal Oak Gym, their respective officers, directors, employees, agents, members and shareholders, of and from any and all rights, claims, demands, lawsuits, and causes of action due to or arising from any accident, injury, damage or loss directly, indirectly, or in any way associated with my participation in the APF/AAPF Michigan Holiday Open, December 9, 2017. I, also, represent that I know of no medical reason or condition that would impair my ability to participate in this event, and I hereby assume any and all risk of accidental, medical injury or consequential damages resulting from my participation. I acknowledge, understand and accept the inherent risk of powerlifting. I have read the above release, understand its meaning and consequence, and agree to be legally bound by its terms. I have signed this release freely and voluntarily.

 Print Full Name

 Lifter's signature
 (Parent must sign if Lifter is under 18 years of age)

Return Entry Form and Payment to: **Matt Brimer, The Royal Oak Gym**
1600 Stephenson Hwy.
Royal Oak, MI 48067



The Royal Oak Gym
1600 Stephenson Hwy.
Royal Oak, MI 48067
248-543-7100

One Time Credit Card Payment Authorization Form

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Sign and complete this form to authorize The Royal Oak Gym to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit/charge your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize the Royal Oak Gym to charge my credit card
(full name)

account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this for