



VICTORIAN WEIGHTLIFTING ASSOCIATION Inc.

RECORD CLAIM FORM

NAME OF LIFTER: _____

DATE OF BIRTH OF LIFTER: _____

STATE (circle): ACT NSW NT QLD SA TAS VIC WA

DATE OF PERFORMANCE: _____

WHERE (City): _____

BODYWEIGHT: _____ kg WEIGHT CLASS (e.g. 69kg): _____

DETAILS OF RECORDS CLAIMED (one per line)

LIFT (e.g. Snatch) EXACT WEIGHT TYPE OF RECORD (e.g. Youth Australian, Senior Commonwealth, etc.)

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REFEREES:

NAME (print)	SIGNATURE	STATUS (e.g. Category 1)

SEND TO: Michael Noonan
 VWA Record-Keeper
 47 Saltley Street, Spotswood Vic 3015

SEND WITHIN FIVE DAYS OF THE DATE OF ACHIEVEMENT OF THE RECORD