



**STATE
REGISTRATION
Powerlifting**

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Powerlifting**

Summer Games

Head of Delegation:

Delegation ID:

Date:

**Head Coach Name:
City:
Day Phone:**

**Email:
State:
Evening Phone:**

**Address:
Zip Code:**

Assistant Coaches: Name:

Name:

Entry Type	Last Name	First Name	Sex	DOB	Needs	Event	Weight

Comments:



***Special
Olympics***
South Carolina

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