



**African Junior (25th Men & 20th Women) Weightlifting Championships
Qualification for 2020 Tokyo Olympic Games
African Youth (11th Men & 10th Women) Weightlifting Championships**

FINAL YOUTH MEN ENTRY FORM

Weightlifting Federation of:

| SN | Athlete's name | | Date of birth | | | Bodyweight Category | Entry Total |
|-----|----------------|-------|---------------|-------|------|---------------------|-------------|
| | Family | Given | Day | Month | Year | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| R.1 | | | | | | | |
| R.2 | | | | | | | |

| SN | Official's name | | Date of birth | | | Function |
|----|-----------------|-------|---------------|-------|------|----------------|
| | Family | Given | Day | Month | Year | |
| 1 | | | | | | Team leader |
| 2 | | | | | | Coach |
| 3 | | | | | | Doctor |
| 4 | | | | | | Therapist |
| 5 | | | | | | Referee Cat. 1 |

Name and Signature:.....
President or General Secretary

Date:

Please send this form by email no later than 05th August 2019 to:

Uganda Weightlifting Federation
E-mail: uganda.weightlifting@gmail.com

Weightlifting Federation of Africa
E-mail: newwfa@hotmail.com





**African Junior (25th Men & 20th Women) Weightlifting Championships
Qualification for 2020 Tokyo Olympic Games
African Youth (11th Men & 10th Women) Weightlifting Championships**

FINAL YOUTH WOMEN ENTRY FORM

Weightlifting Federation of:

| SN | Athlete's name | | Date of birth | | | Bodyweight Category | Entry Total |
|-----|----------------|-------|---------------|-------|------|---------------------|-------------|
| | Family | Given | Day | Month | Year | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| R.1 | | | | | | | |
| R.2 | | | | | | | |

| SN | Official's name | | Date of birth | | | Function |
|----|-----------------|-------|---------------|-------|------|----------------|
| | Family | Given | Day | Month | Year | |
| 1 | | | | | | Team leader |
| 2 | | | | | | Coach |
| 3 | | | | | | Doctor |
| 4 | | | | | | Therapist |
| 5 | | | | | | Referee Cat. 1 |

Name and Signature:.....
President or General Secretary

Date:

Please send this form by email no later than 05th August 2019 to:

Uganda Weightlifting Federation
E-mail: uganda.weightlifting@gmail.com

Weightlifting Federation of Africa
E-mail: newwfa@hotmail.com

