



 **2nd Cup of African Senior (Men & Women) Weightlifting Clubs**

**24/10-01/11/2023 /Cairo, Egypt**

**PRELIMINARY MEN ENTRY FORM**

 **Name of Club : Country :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | **Athlete's name** | **Date of birth** | **Bodyweight Category** | **Entry Total** |
| **Family** | **Given** | **DD** | **MM** | **YYYY** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6R** |  |  |  |  |  |  |  |
| **7R** |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | **Official’s name** | **Date of birth** | **Function** |
| **Family** | **Given** | **DD** | **MM** | **YYYY** |  |
| **1** |   |   |  |  |  |   |
| **2** |   |   |  |  |  |   |
| **3** |   |   |  |  |  |   |
| **4** |   |   |  |  |  |   |
| **5** |   |   |  |  |  |   |

 **Name of Club’s Chair: Signature:**

 **Date:** **Stamp:**

 **Name of National Federation’s President or General Secretary:**

 **Date:** **Signature:** **Stamp:**

 Should be sent to LOC and WFA no later than August 26, 2023

 **Organising Federation: Continental Federation:**

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