



Big Apple Powerlifting Championship

Entry Form



Saturday, May 19 2012

Weigh in: 10:00 AM
Start Time: 11:30 AM

Name: _____.

Address: _____.

City: _____ **State:** _____ **ZipCode:** _____.

Telephone: _____ **Email:** _____.

Age: _____ **Date of birth:** _____ **Sex:** _____.

Send entries payable to: Matt Johnson (Program Director):

Astral Fitness & Wellness Center: 5500 Broadway, Bronx, NY 10463.

Bank Check, Money Order, All Major Credit Cards and Debit Cards Accepted:

Cash accepted only at the center or by certified return receipt mail.

Personal checks will not be accepted and will be returned.

For payment by phone or for questions call: (718) 561-2200.