



WEIGHT LIFTING FOUNDATION

**APPLICATION BY AN UNDER 23 LIFTER
FOR PERSONAL BEST AT AN INTERNATIONAL
OR BRITISH RECORD GRANT**

This is an application for a £50 grant (details below) for a Personal Best (PB) established in an International or for a British Record in a competition endorsed by either BWL, the Welsh Federation, Weightlifting Scotland or the N Ireland Federation.

There will be a £50 grant for each new PB or record in the snatch, clean & jerk and total (note: there will only be one award with a maximum of £150 per competition).

PBs are rewarded only if established in an International and need not be British records. Only British records established in British National Championships are eligible.

Applications received more than 6 weeks after the event will not be accepted.

Please use block capitals

Name of applicant (the lifter)

Address

Telephone number

Email address

| |
|-------------------|
| |
| |
| |
| |
| <i>Post code:</i> |
| |
| |

Please return this completed form to:

Caroline Charles
30 Hortensia House
Hortensia Road
London SW10 0QP

Any queries, contact: weightliftingf2@gmail.com

Registered charity No. 1100389

Trustees: N Binder, C Charles, J Hadley, M Norman
Hon President: B Hamill

I (name).....date of birth/...../.....

certify that I made Personal Best(s)/British record as follows:

| <i>Delete as appropriate</i> | <i>Weight</i> | <i>Details of International/National British event with date performed</i> |
|--------------------------------|---------------|--|
| PB/British record Snatch | | |
| PB/British record Clean & Jerk | | |
| PB/British record Total | | |

My (the lifter's) previous bests on these lifts were performed in the following contest(s):

| <i>Event, venue and date</i> | <i>PB performed</i> |
|------------------------------|---------------------|
| | |

Witness of the new PB(s)/record(s). This should be the coach for the event or of the lifter or the team manager:

| | |
|---------------|-------------------|
| Name | |
| Address | |
| | |
| | <i>Post code:</i> |
| Tel number | |
| Email address | |

If this application is successful, payment will be made directly to your bank account. Please confirm the details:

| | |
|-----------------|--|
| Name of account | |
| Sort code | |
| Account number | |

If you do not have a bank account, please advise alternatives

Signature of applicant.....Date.....