

2006 Illinois State Weightlifting Championships (Central LWC) and Open Weightlifting Meet

Date & Location: Saturday, Sep 16, Savoy Recreation Center, 402 Graham Drive Savoy, IL 61874.

Sanction & Sponsor: Sanctioned by Central LWC and USA WL. Marty Schnorf, meet director.

Eligibility: Open to all USAW members. Applications are available and lifters can also register at the meet. State meet open to Illinois lifters only.

Awards: Plaque or trophies to all lifters. Awards for best lifters and first place teams.

Classes: Competition for males and females. Divisions will be 13 & under, Schoolage (14-17), Jrs (18-20), Open (21-34), Masters (35-39, 40-44,45-49, etc.)

Weight Classes (all in kgs): -*class only for aged 17 and under

Females: 35*,39 *,44 *,48,53,58,63,69,75,75+

Males: 35*,39*,45*,51*,56,62,69,77,85,94,105,105+

Schedule-Session1: Weigh-in 9:00 a.m.-Lift 11:00 a.m.

Session 2:Weigh-in 11:00 a.m. Lift 1:00 p.m.

Session 1: All females and all 13 & under males.

Session 2: All 14 and older males. (NOTE-Weigh-in times will not change, but lifting times could change based on number of entries.)

Lifts: Two hands snatch and two hands clean and jerk.

Entries: Entry fee is \$20 if postmarked by Sep 9. Late fee of \$5 additional for late entries. Team entry fee is \$20, due before weigh-in, along with team roster.

Mail Entries To: Marty Schnorf, P.O. Box 183, Charleston, Ill. 61920. Tel 217-258-6588 e-mail-charlestonweightliftingclub@yahoo.com .

Note An open bench press and deadlift meet will be held along with this meet. For information, contact Jeff Douglas at jeffdoug@uiuc.edu

ENTRY FORM
Illinois State Weightlifting Championships and Open WL meet

In consideration of your acceptance of this entry, I hereby, for myself, executors and administrators, waive and release any and all rights and claims for damages I may have against any sponsors of this meet, or any of the officials, or anyone involved with this meet, and the Village of Savoy, for any and all injuries which may be suffered by me at this competition.

Name_____ Age (as of 12/31/06)_____ Phone_____

Sex (circle one): M F Weight Class (kgs). _____ DOB_____

Address_____

City_____ State_____ Zip_____

e-mail_____

Meet(circle one) Illinois State WL Championships Open WL Meet

Signature_____

Parent's signature (if minor) _____

Team entries can be made before first weigh-in starts.

For more information and updates, see www.charlestonweightliftingclub.com.