

IPC POWERLIFTING PROTEST FORM

Details of person submitting form

Name	
Status (Coach-Manager-Lifter)	
Federation / Country	
Athletes IPC PO I.D number	

Event	
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 Time

 Date DAY MONTH YEAR

Place	
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Description of the protest

 Received Time

 Date DAY MONTH YEAR

 Protest Fee paid **100 Euro** Yes No

Decision of the Jury

PROTEST	UPHELD	
	DECLINED	

Names: Members of the Jury	Signatures

 Protest Fee returned **100 Euro** Yes No

 Time

 Date DAY MONTH YEAR

Officials Name & Signature.....	NAME
For receipt of protest fee if retained	SIGNATURE