

		RACK HEIGHTS/SPOTTERS SQUAT HGT _____ IN / OUT BENCH HGTS _____ / _____ BENCH LIFTOFF: CENTRE/SIDE/NONE DEADLIFT SPOTTER: YES / NO		
SESSION:		GROUP: B / A		
LIFTER (NAME):		NATION/CLUB:		
PASSPORT/MEMBER NO:		DOB:	AGE GRP:	
BWT:	BWT CLASS:		WILKS2020 COEFF:	
ATTEMPTS	1st	2nd	3rd	BEST
SQUAT				
BENCH PRESS				
DEADLIFT				
SIGNATURE LIFTER/COACH:		NAME:		
TOTAL:	PLACE OPEN:	PLACE AGE:	WILKS POINTS:	

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