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| **IAWA Gold Cup 2025 Venue: Derby University Gym, Keddleston Road, Derby, DE22 1GB,England Date: Saturday 1st November 2025**  **Entry Fee: £35 (This will include Trophy based on the theme ‘Gold Cup’ and an event T Shirt)** | |
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| **Weigh In 8am to 9.30am Lifting Starts 10am** |  |
| Silver Cup entries (those not eligible to enter Gold Cup) lift first, followed by Gold Cup lifters!  **CLOSING DATE FOR ENTRIES**: Saturday 4th October 2025 (Closing date is FINAL)  **For a lifter to compete in the Gold Cup:** they must be a current Member AND also a current IAWA World Record Holder. Four attempts are allowed for the World Record BUT remember the rules of the competition are that a lifters FIRST attempt on the platform WILL be for the World Record (only World Record Attempts are entertained on the Gold Cup Platform) |
| **Required Information:** | |
| Name: ……………………………………………………… DOB:……………………………… AGE GROUP:………..………………………  Address: …………………………………………………………………………………………………………………………………………………..  Membership Status: Current IAWA Member YES / NO : Please Circle (NOTE: Only Members can take part)  Weight Category: …………………………………………………………T Shirt Size: ……………………….……………………………..  1st Choice Lift: …………………………………………………………………………………Approx Kgs..………………………..  2nd Choice Lift: ……………………………………………………………………………….Approx Kgs………………………….  Home Phone Number: ……………………………………………… Mobile: …………………………………………………….………  E-Mail:…………………………………………………..…………………… **I understand fully, that I take part in this event at my own risk and can have no claim for injury or otherwise against the event Promoters or IAWA. I also fully understand that I may be required to undergo a drug test if selected.** *For your entry to be accepted, please be sure to read this properly and sign*  Signed: ………………………………………………… | |
| **Banquet & Awards Ceremony (Commencing 7 pm)** | |
| **£......... per head ( For details of the Banquet - See information sheet)**  **Banquet Venue: …………………………………………………………………………………………………………………….……………………………………..**  **Tel: …………….………….. Website: ………………..……………………..**  **Number for meal: ………… Total Fees: ………… Special Dietary Requests: ….…………………………………………**  **For further Information or enquiries: Contact the Promoter – or see the information Sheet. All Entries, Forms and Monies, must be paid to the Promoter by the Closing Date (One Month Prior):**  **Send to: Steve Gardner Email: stevegardneruk@gmail.com Tel: 07960960509 Address: 18 Holly Road, Barton under Needwood, nr Burton on Trent, Staffordshire, England DE138LP**  **Pay by Bank Transfer: Mr S Gardner – Lloyds Bank Account Number: 01198386 - Sort Code:30-91-47**  **Paypal is available - Foreign Lifters may pay on the day!** | |