

# Night of the Living Deads

Friday April 13, 2018

**MEET DIRECTOR:** Jonathan Heath McGrael - [kissimmeemsucle@gmail.com](mailto:kissimmeemsucle@gmail.com)  
**SPECIAL GUEST:** Ernie Lillibridge, Jr. World Record Holding RAW Powerlifter and Redcon1 athlete  
**EVENT LOCATION:** The World Famous Kissimmee Muscle 24 hour Gym  
4636 W. Irlo Bronson Memorial Hwy.  
Kissimmee, FL 34746

**CHECK-IN: Plan to arrive by 8:00 PM to check in**

**LIFTING SCHEDULE: Friday, April 13, 2018 - Meet Starts at 9:00 PM**

**UNIFORM (Mandatory):** Powerlifting singlet, or shorts, or pants and shirt. Must have long socks and closed-toed, soled shoes for deadlift (deadlift slippers permitted).

**CLASSES:** We will run a men's and women's class and split classes to lightweight and heavyweight once we reach 10 lifters for men or women respectively.

## Women's

- Lightweight – under 165 lbs.
- Heavyweight – over 165 lbs.

## Men's

- Lightweight – under 200 lbs.
- Heavyweight – over 200 lbs.

**ENTRY FEE:** The entry fee must accompany this entry form. Please submit your entry prior to April 6th so as to ensure a place in the meet.

**Members:** \$15 – includes a free meet T shirt  
**Non-Members:** \$20 – includes a free meet T shirt

**AWARDS/PRIZES:** Minimum \$300 CASH awards will be presented for top lifters in each category\*. Sculpture trophies awarded for top lifters

**SPECTATORS:** Spectators are encouraged to attend to support their friends & family members participating in the event. Admission is free for Kissimmee Muscle members and \$5 for non – members. We will also be giving door prizes so don't miss out on your chance to win.

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\* Minimum of 10 lifters per category required for cash prize.

RETURN ENTRY VIA EMAIL TO: [kissimmeemuscle@gmail.com](mailto:kissimmeemuscle@gmail.com)

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OF THE  
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Official Entry Form

KISSIMMEE  
MUSCLE  
24  
HOUR  
GYM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Age \_\_\_\_\_  
e-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_  
In case of emergency, please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**DIVISIONS: Select One of EACH LINE**

Raw - Belt only

WT. CLASS ENTERED (MEN): \_\_\_\_\_ Under 200lbs, \_\_\_\_\_ Over 200lbs

WT. CLASS ENTERED WOMEN: \_\_\_\_\_ Under 165lbs, \_\_\_\_\_ Over 165lbs

Men  Women Wt Class: \_\_\_\_\_

**WAIVER:**

In consideration of the acceptance of this entry, I hereby for myself, my heirs, executors, and administrators waive and release any and all rights and claims for damages I may have against Kissimmee Muscle LLC., Kissimmee Muscle Gym, Jonathan Heath McGrael and their representatives, successors, and assigns for any and all injuries or bodily harm that I might suffer while competing at this event.

Signature \_\_\_\_\_

KISSIMMEE - FL - USA

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