San Antonio Golden Gloves TEAM ROSTER

DO NOT FILL IN SHADED AREAS
FOR OFFICIAL USE ONLY

Club/Gym Name: _____

Head Coach: _____ Phone# _____ Email _____

Assistant Coach: _____ Phone# _____ Email _____

2nd Assist Coach: _____ Phone# _____ Email _____

** One coach's entry pass issued to each club coach listed above after registrations & certification verification.

CURRENT Y / N

	Boxers Last Name	Boxers First Name	Age As of 12 Feb	Date of Birth mm / dd / yyyy	Previous Bouts	Sex	Today's Weight	Boxers Weight Class	Coach Initials	Officials/Doctors Comments
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										