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 coach listed above **ONLY** after registrations & certification verification.

Y / N Non-Profit#_____ **Y / N CURRENT**

	Boxers Last Name	Boxers First Name	Age As of 17 Feb	Date of Birth mm / dd / yyyy	Previous Bouts	Sex	Open / Novice	Boxers Weight Class	Coach Initials	Officials/Doctors Comments
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2										
3										
4										
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