San Antonio Golden Gloves TEAM ROSTER

SHADED AREA 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 14 Feb	Date of Birth mm / dd / yyyy	Previous Bouts	Sex	USA Citz	Open / Novice	Boxers Weight Class	Coach Initials	Staff Comments
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											