RGV Senior Golden Gloves TEAM ROSTER

Boxing Club Name: _____

DO NOT FILL IN SHADED AREAS PLEASE

Head Coach: _____ Phone# _____ Email _____

Assistant Coach: _____ Phone# _____ Email _____

2nd Assist Coach: _____ Phone# _____ Email _____

** One coach's entry pass will be issued to each club coach listed above after registrations & certification verification. One raffle ticket issued per every three boxers entered in tournament.

	Boxers Last Name	Boxers First Name	Age Tourni Day 1	Date of Birth mm / dd / yyyy	Previous Bouts	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									