



HOUSTON GOLDEN GLOVES

President: Ramon L. Zaragoza

SENIOR REGISTRATION/ENTRY FORM

++Age Determination 18 – 40 yrs and up
Must be 18 yrs old by the start of the tournament++

Valid Passbook Registration _____

Boxers Name M / F (Circle) _____ Club Name _____

Age _____ Birthdate _____

Weight Class ----- Division (Sub- Novice, Novice, Open, Master) _____

Total Bouts _____ Request to move up Division or Weight _____

Address _____

Telephone _____

Coach's Name _____ Registration # _____

Telephone _____ E-mail _____

Male Weights: 108, 114, 123, 132, 141, 152, 165, 178, 201, 201+

Female Weights: 106, 112, 119, 125, 132, 141, 152, 165, 178, 201+

SubNovice – 1-4 Bouts Novice – 5-9 Bouts Open – 10 – up Bouts Masters

RELEASE STATEMENT

I acknowledge that by signing this document I agree that I am entering the Houston Golden Gloves Boxing Tournament and I will abide by all AIBA/United States Amateur Boxing rules and guidelines. For and in consideration of my participation in the Houston Golden Gloves Tournament, I hereby release AIBA/USA Boxing Inc., Gulf Boxing Association, Houston Golden Gloves and its Directors, CDM Boxing Association, and any other major sponsors or vendors and their successors and assigns and all other volunteer officials in the Houston Golden Gloves from all liabilities arising from participation of the above named boxer in the Houston Golden Gloves.

Boxer Print Name _____ Date: _____

Boxer Signature _____

Registration Place: CDM GYM 114 Greenspoint Mall

Time: 9:30 a.m. – 12:00 p.m.

Bring Valid USA PASSBOOK, completed, ROSTER SHEET (MALE – FEMALE SEPARATE) AND ADDITIONAL PARTICIPATION FORMS (BREAST IMPLANTS FORM AND BRACES FORM), PHYSICAL EXAM FORMS

FURTHER INFO: CONTACT RAY ZARAGOZA- 281-507-1155