

HOUSTON SENIOR GOLDEN GLOVES
ENTRY FORM
AGES 18-40 YRS. (DAY OF TOURNAMENT)
MASTERS DIVISION 35 YRS UP

CLUB _____

BOXERS REGISTRATION _____

BOXERS NAME _____ M/F _____ AGE _____

PHONE _____ EMAIL _____

ADDRESS _____ BOUTS _____ WGT CAT. _____

COACH _____ PHONE _____

REGISTRATION _____ EMAIL _____

NEWCOMER- 0 BTS., SUBNOVICE- 1-4 , NOVICE- 5-9, OPEN- 10- UP.

WEIGHT CATEGORIES

MALE: 112, 125, 139, 147, 156, 165, 176, 189, 203, 203+

FEMALE: 106, 114, 125, 132, 139, 146, 154, 165, 178, 178+

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT I AGREE BY PARTICIPATING IN THE HOUSTON GOLDEN GLOVES TOURNAMENT AND I WILL ABIDE BY ALL AIBA/UNITED STATES AMATEUR RULES AND GUIDE LINES. I HEREBY RELEASE AIBA/UNITED STATES AMATEUR BOXING INC., THE HOUSTON GOLDEN GLOVES AND ITS DIRECTORS, THE GULF BOXING ASSOCIATION, CDM BOXING ASSOCIATION AND OTHER MAJOR SPONSORS OR VENDORS AND THEIR SUCCESSORS AND ASSIGNS AND ALL OTHER VOLUNTEER OFFICIALS IN THE HOUSTON GOLDEN GLOVES FROM LIABILITIES ARISING FROM PARTICIPATION OF THE ABOVE NAMED BOXER IN THE HOUSTON GOLDEN GLOVES.

BOXER SIGNATURE ----- DATE: _____

HOUSTON GOLDEN GLOVES TELEPHONE : 281-507-1155

EMAIL: GOLDENGLOVES13@YAHOO.COM