	Boxing Club Name:	RGV Senior
	Head Coach:	
	Assistant Coach:	
	2nd Assist Coach:	
	** One coach's entry pass will b	e issued to each club coach I
	Boxers Last Name	Boxers First Name
1		

## Golden Gloves TEAM ROSTER Male Athletes

	Boxing Club Name:					DO NOT FILL IN SHADED AREAS PLEASE				
Head Coach:  Assistant Coach:			Phone#			Email				
			Phone#			Email				
	2nd Assist Coach:		Phone#			Email				
	** One coach's entry pass will b	e issued to each club coach list  Boxers	ued to each club coach listed above after registrations & certification verification. One raffle ticket issued per every three boxers entered in tournamer  Boxers   Age   Date of Birth   Previous   Today's   Boxers   Coach   Officials/Doctors							
	Last Name	First Name	Tourni Day 1	mm / dd / yyyy	Bouts	Weight	Weight Class		Comments	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15				_						