



Application

Boy #1 Name: _____

Boy #2 Name: _____

Boy #3 and #4: _____

Parent Name: _____ Relationship: _____

Address: _____ City: _____

Zip: _____ Email: _____

Cell Phone #: _____

Emergency #: _____

Spring Membership Fee \$100 per boy

Need Partial Scholarship: Yes or No

Need Full Scholarship: Yes or No

Forms to be filled out before each semester: ___ Hold Harmless Agreement

___ Benefits and Rules ___ Media Release Form ___ Application

Kelly Street Boxing Club

Parent Reminder

Classes are Every Monday & Tuesday night

Ages 7-11 6pm-7:15pm

Ages 12-17 6:30pm-8:15pm