

2020 MICHIGAN GOLDEN GLOVES COACHES INFORMATION FORM

(PLEASE PRINT OR TYPE ALL INFORMATION)

NAME: _____ USA BOXING #: _____ CERT. DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

AGE: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

CLUB REPRESENTED: _____ PH #: _____

CITY OF CLUB: _____ REGISTERED WITH USA BOXING? YES / NO

Do you currently hold any professional boxing licenses: (Circle One) YES / NO

If Yes, please list: _____

Please list your background, special honors, awards, titles, etc., Amateur and Professional that you have accomplished as a boxer, coach or official:

SIGNATURE OF COACH

DATE

HAND CARRY AND TURN IN THIS FORM ALONG WITH YOUR PASSBOOK AT THE INITIAL REGISTRATION / WEIGH-IN ON MARCH 14, 2020 AT MGGA, ST. MARY'S ACTIVITY CENTER. THIS FORM MUST BE COMPLETED AND TURNED IN TO RECEIVE YOUR ADMISSION PASS FOR THE TOURNAMENT. ONE (1) ADMISSION PASS PER COACH, DUPLICATE THIS FORM AS NEEDED. PASSES ARE NOT TRANSFERRABLE, NOT REFUNDABLE OR REPLACED, DO NOT LOSE YOUR PASS.
