



PSC-PACQUIAO



## PSC-PACQUIAO AMATEUR BOXING CUP

### ATHLETE ENTRY FORM

LAST NAME		FIRST NAME		M.I
GENDER	HEIGHT (ft. inch.)	BIRTHDATE	AGE	NATIONALITY
PRESENT ADDRESS				
HOMETOWN				
EMAIL ADDRESS	TELEPHONE NUMBER	MOBILE NUMBER		
SPORTS CLUB AFFILIATION (if any)				

### I INTEND TO PARTICIPATE IN:

EVENT	CATEGORY	
	AGE	WEIGHT

### PREVIOUS COMPETITION ATTENDED

(Please indicate Tournament, Date and Place of competition/tournament)

Name of Competition	Date	Medal or Award Received

### IN CASE OF EMERGENCY, PLEASE CONTACT:

CONTACT PERSON	RELATION	MOBILE NUMBER

### EDUCATIONAL BACKGROUND

LEVEL	NAME OF SCHOOL
ELEMENTARY	
HIGH SCHOOL	

*I hereby certify that all the information above is true and correct*

*Participant's Signature over Printed Name*

*Coach's Signature over Printed Name*  
*Contact #:*

Tournament Requirements:

NSO Birth Certificate: \_\_\_\_\_

Medical and Waiver Form: \_\_\_\_\_

Checked by: \_\_\_\_\_

**Registered On:**

**ID No.:**