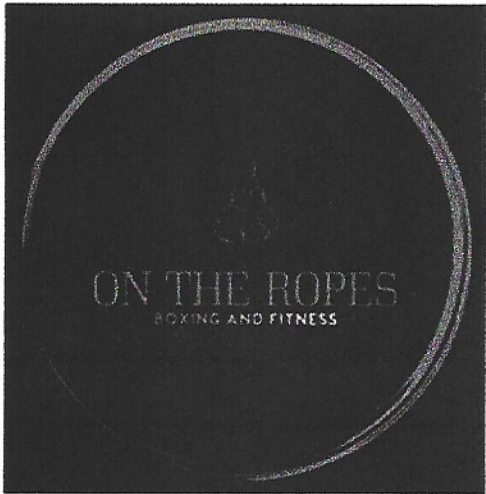


Warwick PAL Boxing



Participant name:

Age: _____

Address: _____

Parent(s) name: _____

Phone #: _____

Email address: _____

Parent signature: _____