STATE OF FLORIDA
ASSOCIATION OF POLICE
ATHLETIC/ACTIVITIES
LEAGUES, INC.

P.O. Box 350399
Jacksonville, Fl 32235

SFAPAL Boxing Tournament

OFFICIAL ENTRY FORM

Please Type or Print clearly **Make copies as needed.**

Name: _____
Circle Gender: MALE FEMALE

Address:_____ City:_____
State:_____ Zip_____ Birth Date:_____/_____/_____ Age:____

Home Telephone #: ( ) _____

Passbook Sticker # _____

AGE CUTOFF DATE-AGE ON OR BEFORE August 10, of current year

Club Represented or PAL Name: _____

Coaches Name:_____ Coaches
Contact Number Home # ( ) _____
Coaches Work # ( )_____

Age 8-16 **Junior Olympics Division{ includes Bantam 8-10 yrs}**
Age 17-32 **Novice Division**
Age 17-32 **Open Division**
Please enter me in the _____ pound weight class in the _____ Division.
** *Whether you are a PAL or not every participant (coach & athlete) must submit the above form and a Participant Application and the registration fee.* **