USAG BAVARIA HALLOWEEN BOXING INVITATIONAL CHAMPIONSHIP FIELD HOUSE, BLDG. 547 TOWER BARRACKS, 26 OCTOBER 2024



REGISTRATION FORM



PLEASE PRINT ALL INFORMATION

| Name (Last, First, Middle) | | Rank/Grade | Gender | | |
|----------------------------|----------------|------------|--------|--|--|
| UNIT | CMR | BOX | APO | | |
| Cell Phone | Email Address: | | | | |
| Community: | Home State: | | | | |

WEIGHT DIVISIONS

| | MALE | | | FEMALE | | |
|-----|------------------|--------------------|------------|------------------|--------------------|--|
| 1. | 106 LBS = 48KG | LIGHT-FLYWEIGHT | 1. | 106 LBS = 48KG | LIGHT-FLYWEIGHT | |
| 2. | 112 LBS = 51KG | FLYWEIGHT | 2. | 110 LBS = 50KG | FLYWEIGHT | |
| 3. | 119 LBS = 54KG | SUPER-FLYWEIGHT | 3. | 114 LBS = 52KG | SUPERFLYWEIGHT | |
| 4. | 125 LBS = 57KG | BATTAMWEIGHT | 4. | 119 LBS = 54KG | BATTAMWEIGHT | |
| 5. | 132 LBS = 60KG | FEATHERWEIGHT | 5. | 125 LBS = 57KG | FEATHERWEIGHT | |
| 6. | 139 LBS = 63.5KG | LIGHTWEIGHT | 6. | 132 LBS = 60KG | LIGHTWEIGHT | |
| 7. | 147 LBS = 67KG | LIGHT-WELTERWEIGHT | 7. | 139 LBS = 63KG | LIGHT-WELTERWEIGHT | |
| 8. | 156 LBS = 71KG | WELTERWEIGHT | 8. | 146 LBS = 66KG | WELTERWEIGHT | |
| 9. | 165 LBS = 75KG | LIGHT-MIDDLEWEIGHT | 9. | 154 LBS = 70KG | LIGHT-MIDDLEWIGHT | |
| 10. | 176 LBS = 80KG | MIDDLEWEIGHT | 10. | 165 LBS = 75KG | MIDDLEWEIGHT | |
| 11. | 189 LBS = 86KG | LIGHT-HEAVYWEIGHT | 11. | 178 LBS = 81KG | LIGHT-HEAVYWEIGHT | |
| 12. | 203 LBS = 92KG | HEAVYWEIGHT | 12. | 178+ LBS = 81+KG | HEAVYWEIGHT | |
| 13. | 203+ LBS = 92+KG | SUPER-HEAVYWEIGHT | | | | |
| CUR | RENT WEIGH | Г: | CURRENT AG | Æ: | _ | |

RECORD OF BOUTS: WON _____ LOSS _____

In consideration for participating in this program, I the undersign hereby waive and release any and all rights for claims, for damages against U.S Army Europe, USAG Bavaria F&MWR Sports & Fitness and any other agency associated with the conduct of this program which include all preparation in planning and execution. This waiver includes releasing the above-mentioned agencies, organizations and activities for any injury I might suffer while participating in this event. Additionally, I hereby authorize emergency medical treatment if needed. I affirm that the given age and ability level are correct.

SIGNATURE: _____

DATE:

or download completed form and email encryted to usarmy.bavaria.id-europe.list.fitness-programs@army.mil