



BROOKLYN

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**GLEASON'S GYM INC.
FANTASY CAMP 2022
BOXER PROFILE**

LAST NAME: _____ **FIRST NAME:** _____

NICKNAME: _____

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE #: _____ **EMAIL:** _____

HEIGHT: _____ **WEIGHT:** _____ **AGE:** _____

DATE OF BIRTH _____ **SHIRT SIZE** _____

NAME OF YOUR GYM _____

HOW LONG HAVE YOU BEEN BOXING? Years _____ Months _____

HAVE YOU EVER COMPETED BEFORE? YES ___ NO ___

IF YES: AMATEUR ___ **PRO** ___ **WHAT IS YOUR RECORD?** _____

WOULD YOU LIKE TO SPAR AT THE CAMP? YES ___ NO ___

OCCUPATION: _____

EMPLOYER OR SCHOOL NAME: _____

THANK YOU, GLEASON'S GYM

"WHERE BOXING IS A TRADITION"