



BROOKLYN

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**GLEASON'S GYM, INC.
ALL FEMALE CLINIC
BOXER PROFILE**

NAME: _____

HOME ADDRESS: _____

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

PHONE #: _____ **EMAI:** _____

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

NAME OF YOUR GYM: _____

HOW LONG HAVE YOU BEEN BOXING? _____

Are you currently licensed by USABoxing? YES/NO **Number** _____

You must have an up to date boxing book/license to compete.

HAVE YOU COMPETED BEFORE? YES/NO **WINS** _____ **LOSSES** _____

IF YES, WHEN AND WHERE: _____

WOULD YOU LIKE TO COMPETE ON OUR SANCTIONED SHOW? _____

WHAT IS YOUR OCCUPATION? _____

EMPLOYER'S NAME: _____

WHAT SPECIFIC TOPICS WOULD YOU LIKE TO SEE COVERED AT OUR CLINIC:

