

Entry Form Masters Cup

Gym:		Country:	
Address:		Email:	
Contact Person:		Phone.:	

Nr.	Name	First Name	Date of Birth	Gender	Nationality	Amateur Boxing Record	Master Boxing Record	Weight in kg	Other fight experience (Style, record, Pro-Fights)
1									
2									
3									
4									
5									
6									
7									
8									

This registration form **can be filled out** and can only be submitted by email (info@boxing-masters-cup.com). It is best to download the registration form and edit it with **Adobe Acrobat Reader**. With this notification, the [rules and regulations](#) mentioned in the call for entries are accepted as binding!