

FEATURE FILM BOXING SUBMISSION FORM

FULL LEGAL NAME	
PHONE NUMBER	____-____-____
BIRTHDATE	____/____/____
EMAIL	
ADDRESS	
CITY, STATE, ZIP	

YEARS OF BOXING	
YEARS OF COMPETITIVE BOXING	
LEVEL OF BOXING	
STYLE OF BOXING	
TYPE OF TRAININGS	

HEIGHT	____' ____"
WEIGHT	
SHIRT SIZE	
SHORTS SIZE	
SHOE SIZE	

WILLING TO CUT OR GROW HAIR: YES or NO

VALID DRIVER'S LICENSE: YES or NO

NAME: _____

SIGNATURE: _____ **DATE:** _____