MAHARASHTRA BOXING ASSOCIATION
27 Kashinath Dhuru Road,
Dadar (W), Mumbai - 400028
Tel: +91 11 24223397

Payment Details :	
Demand Draft :	
Date :	
Place :	

ENTRY FORM (BY NAME)

EVENT _____

ORGANISERS _____

ENTRY CLOSE _____

TEAM

NO.	BOXER'S NAME (Surname First) (In CAPITAL LETTERS)	REGISTRATION	WEIGHT in KGS	DATE OF BIRTH
1	KOLTE SANJAY KISAN (Example)	312348	48	18/01/1986

Total No. of Boxers _____

Entrance Fees _____

Coach _____

Manager _____

Remarks

www.maharashtraboxing.com