

KIDS BOXING CAMP



July 15-19th

2 pm to 3:30 pm

Participant Information

#1

Name: _____

Pronouns (he/she/they/none): _____

Age: _____

Date of Birth: _____

Left or Right Handed: _____

#2

Name: _____

Pronouns (he/she/they/none): _____

Age: _____

Date of Birth: _____

Left or Right Handed: _____

Parent/Legal Guardian Information

Name: _____ Relationship to Participant(s): _____

Phone #: _____ Email: _____

Today's Date: _____

For Office Use:

Payment Received: Cash / Debit / Credit Card / Other