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**FORM OF ENTRY FOR JUNIORS**

**Number of Bouts**

**To:** The Administrator, 14 South College Street, ELGIN IV30 1EP Telephone 01343 544718

I hereby agree to the Conditions and Regulations of the Championships and request you enter me for the 1995  1994

..... Kg/ .....weight. I enclose £ ..... entry fee. (PAYABLE TO ABS Ltd)

**NAME:** ..... (FULL NAME IN BLOCK CAPITALS)

**HOME ADDRESS** .....

**HOME TELEPHONE NUMBER (Including STD Code)** .....

**CLUB** ..... **DATE OF BIRTH** .....

**REG NO.** ..... **SIGNATURE OF ENTRANT** .....

AMATEUR STATUS AS DEFINED IN MEMORANDUM AND ARTICLES OF AMATEUR BOXING SCOTLAND LTD