

WELCOME TO THE 2010 PLATINUM GLOVES TOURNAMENT

July 1ST – July 4TH / ORLANDO, FL



We are proud to present our 4TH Annual Fund Raiser where all proceeds go to benefit:

*"Perfection is mastered
through discipline."*

- DANIEL ESTRADA -
Former Amateur Boxer



ANGELS
Caring Eyes

GUIDING HEARTS, MINDS, AND FUTURES.

(A 501 (C)(3) NOT-FOR-PROFIT ORGANIZATION)

P.O.BOX 247

OCOEE, FL 34761

407-839-0101

www.ANGELSCARINGEYES.org

Every year we received over 200 applications from throughout the United States, International, both male and female ages range from 8 years to 60 years.

Each participant receives a Platinum Gloves competition jersey. Every year the Competition Site is held inside the Ballroom of the Crowne Plaza a 5 star hotel.

VISIT www.angelscaringeyes.com to download the 2010 Platinum Gloves Application or contact us to send you the 2010 Platinum Gloves via email, fax or by mail.

Email: daniel@angelscaringeyes.org or Call: 407-455-2373 Daniel Estrada

**DUE TO OUR ECONOMY OUR ENTRY FEE WILL BE \$15 PER ATHLETE
AND \$10 PER COACH. HOTEL RATE AS LOW \$75 FOR SINGLE OR
DOUBLE OCCUPANCY.**

FEES / ENTRIES

ATHLETES EARLY ENTRY FEE of **\$15** U.S. to help defray administrative cost.
Return the entry form no later than JUNE 19TH, 2010...ENTRY FEE will be **\$25** U.S. if
postmarked after JUNE 19TH, 2010. **COACHES** ENTRY FEE of **\$10** U.S.

MAIL entry form(s) with fee to:

ANGELS CARING EYES, P.O.BOX 247, OCOEE, FL 34761.

MAKE check or money order PAYABLE to: ANGELS CARING EYES

**ENTRY FEE \$15. ALL ENTRIES MUST BE POSTMARKED
NO LATER THAN JUNE 19TH, 2010...LATE FEE IS \$25.00!
***ALL COMPETITORS WILL RECEIVE A PG JERSEY.**

HOTEL

HOST HOTEL IS THE VENUE: PHONE # 407-856-0100

***SHUTTLE TO AND FROM ORLANDO FLORIDA INTERNATIONAL (MCO).

*** DISCOUNTED RATE **\$75** DAILY (SINGLE OR DOUBLE).

CROWNE PLAZA

ORLANDO AIRPORT
FOUR STAR HOTELS & RESORTS
www.CROWNEPLAZA.com/orlandofl
5555 HAZELTINE NATIONAL DRIVE
ORLANDO, FL 32812

COMPETITION SITE

CROWNE PLAZA - 5555 HAZELTINE NATIONAL DRIVE, ORLANDO, FL 32812

GENERAL ADMISSION: **\$15.00** PER DAY, 2 DAY PASS **\$20.00** AND

TOURNAMENT PASS **\$25.00** (CHILDREN 5 YEARS AND YOUNGER FREE...

MUST SHOW PROOF OF AGE). Competition will start daily @ 11am...competition
will end after the final bout (time open).

REGISTRATION

FINAL REGISTRATION WILL TAKE PLACE ON THURSDAY JULY 1st, 2010 @

2PM TO 8PM...AT THE CROWNE PLAZA. ALL COACHES AND OFFICIALS

MUST REGISTER TO RECEIVE THEIR CREDENTIALS AND FOR ATHLETES TO

BE PLACED IN THE DRAW.

COMPETITION WEIGHT

Please indicate your weight class on the application. However, the official weight will be determined at registration. All athletes must declare their weight when they register. The weight recorded at registration will be the weight contested. Weight class example: If you register your weight class at 200, that means that you cannot exceed 200 pounds when you weigh in for competition. Weights can be changed any time during registration. But when registration closes, **ALL WEIGHTS ARE FINAL ON THURSDAY JULY 1st, 2010 @ 8PM.**

COACHES MEETING

There will be a **MANDATORY meeting on THURSDAY JULY 1st, 2010 @ 8PM** for all coaches following registration inside the CROWNE PLAZA.

DRAW

BOUT SHEETS WILL BE POSTED OUTSIDE THE CROWNE PLAZA'S BALLROOM @ 6AM FRIDAY JULY 2nd MORNING PRIOR TO WEIGH-IN FOR FRIDAY BOUTS.

COMPETITION & ROUND TIME

Competition sessions will be posted @ 6AM FRIDAY JULY 2nd starting @ 11 am daily...BOUTS START FRIDAY JULY 2nd, 2010 (Angels Caring Eyes reserves the right to adjust the competition times due to the number of entries).

BANTAM: 9 & 10 3-1 minute rounds

JUNIOR: 11 & 12 3-1 minute rounds

INTERMEDIATE: 13 & 14 3-1 1/2 minute rounds

SENIOR: 15 & 16 3-2 minute rounds

OPEN & NOVICE WOMEN: 3-2 minute rounds

OPEN MEN: 3-2 minute rounds 3-3 minute rounds (FINALS ONLY)

NOVICE MEN: 3-2 minute rounds

MASTERS: 3-2 minute rounds

GLOVES

50 THROUGH 152 LBS: 10 Oz. 165 TO 201 + LBS.: 12 Oz MASTERS: 18 Oz.

MANDATORY EQUIPMENT & ATTIRE

USA Boxing approved competition headgear; form-fitted mouthpiece; protective cup. Teams from outside the U.S. may use any AIBA or U.S. approved headgear. Hand wraps must conform to USA Boxing rules. Gauze must be used. Hand wraps are not acceptable. Boxing trunks must have a contrasting waistband. Platinum Gloves

Competition jersey's are the only jersey's allowed in the competition ring...and Angels Caring Eyes will provide all competitors with a Platinum Gloves Competition jersey.

WEIGH-INS & PHYSICALS

ALL ATHLETES MUST REPORT TO WEIGH-INS @ 7 AM EACH DAY THEY ARE COMPETING. No coaches will be allowed at the scale. There is no weight allowance. If a boxer is not more than 2 lbs. over the weight limit, the boxer will have until 9 am to make weight. A trial scale will be available throughout the tournament. Weigh-in and physicals for all boxers will be held in the CROWNE PLAZA.

INTERNATIONAL INFORMATION: For special international information, please refer to the International Invitation Letter for required specifications.

CONTACT: ANGELS CARING EYES - Daniel Estrada @ 407-839-0101.

AWARDS

WALK-OVERS WILL RECEIVE A MEDAL NOT A CHAMPIONSHIP AWARD.
ONLY COMPETING FINALIST WILL RECEIVE A CHAMPIONSHIP AWARD.
AWARDS WILL BE PAST OUT FOR BEST BOUTS.

VIDEO RECORDING

ANGELS CARING EYES RESERVES THE RIGHTS TO VIDEO TAPE AND SELL THE ENTIRE PLATINUM GLOVES TOURNAMENT FOR THE PURPOSE OF FUND RAISING...NO COACH, USA BOXING OFFICIAL, COMPETITOR OR GUEST WILL BE ALLOWED TO BRING IN ANY VIDEO RECORDER. THE 2010 PLATINUM GLOVES TOURNAMENT WILL BE AVAILABLE THROUGH ANGELS CARING EYES AFTER THE TOURNAMENT (DATE WILL BE ANNOUNCED 30 DAYS AFTER THE TOURNAMENT).

COACHES

COACHES: 1 TO 6 BOXERS = 2 COACHES / 7 + BOXERS = 3 COACHES.

TICKETS

(TICKETS CAN BE PURCHASED IN ADVANCE AND THEY ARE AVAILABLE NOW!)

\$15 SINGLE DAY PASS - **\$20** DOUBLE DAY PASS - **\$25** TOURNAMENT PASS

FOR ADDITIONAL INFORMATION AND ALL REQUIRED FORMS,

CONTACT:

ANGELS CARING EYES – Daniel Estrada @ 407-455-2373,
Email: daniel@angelscaringeyes.org *Mail check or money order to:*

ANGELS CARING EYES
, P.O.Box 247, Ocoee, FL 34761.

Check or Money order Payable to: ANGELS CARING EYES



JULY 1ST – 4TH

CROWN PLAZA

ORLANDO AIRPORT

www.CROWNEPLAZA.com/orlandofl

*****ALL APPLICATIONS MUST BE RECEIVED BY JUNE 19TH, 2010*****

SANCTIONED BY FLORIDA LBC/ASSOCIATION OF USA BOXING # 14

BOXER'S ENTRY FORM FEE \$15.00 ON OR BEFORE 6/19/10

THIS ENTRY FORM AND RELEASE IS A CONTRACT WITH LEGAL CONSEQUENCES. I HAVE BEEN ADVISED TO AND I HAVE READ IT CAREFULLY BEFORE SIGNING. LATE FEE AFTER JULY 19TH IS \$25.00

LAST NAME _____,

FIRST NAME _____.

BOXER'S WEIGHT CLASS _____ LBS OF THE _____.

(OPEN, SENIOR JUNIOR, INTERMEDIATE OR JUNIOR DIVISION). *SEE PAGE 6 FOR DIVISIONS AND WEIGHT CLASSIFICATIONS*

BOXER'S RECORD:

TOTAL BOUTS:	WINS	LOSES
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2010 USA BOXING REGISTRATION NUMBER

BOXERS AGE (AGE ON JULY 2nd, 2009) _____. D.O.B. _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BOXERS SHIRT SIZE _____

EMAIL _____ PHONE _____

GYM/CLUB _____

CITY _____

COACH'S LAST NAME _____

COACH'S FIRST NAME _____

DIVISIONS, AGE AND WEIGHT CLASSIFICATIONS

AGE DETERMINATION IS BASED ON BOXERS AGE ON JULY 2nd, 2010.

ALL OPEN CLASS BOXERS MUST HAVE 5-RECORDED BOUTS IN THEIR PASSBOOK. UNCONTESTED AND WALKOVER BOUTS DO NOT COUNT. NOVICE BOXERS CANNOT HAVE MORE THAN 10-RECORDED BOUTS IN THEIR PASSBOOK. UNCONTESTED AND WALKOVER BOUTS DO NOT COUNT. YOU MAY CHOOSE TO GO OPEN WITH LESS THAN 10 BOUTS IF YOU HAVE AT LEAST 5-RECORDED BOUTS IN YOUR PASSBOOK. ALL PASSBOOKS WILL BE VARIFIED. ANY DELIBERATE FALSIFICATION OF ENTRY MAY RESULT IN SUSPENSION FROM USA BOXING.

BOXER'S NAME _____

MEN'S OPEN 17 - 34

OPEN class must have at least 5 recorded bouts
108, 114, 123, 132, 141, 152, 165, 178, 201, 201+

MEN'S NOVICE 17 - 34

NOVICE class must have 10 or fewer recorded bouts

SENIOR JUNIOR OPEN 15 - 16

OPEN class must have at least 5 recorded bouts
80, 85, 90, 95, 101, 106, 110, 114, 119, 125, 132, 138, 145, 154, 165, 176, 189, 201, 201+

SENIOR JUNIOR NOVICE 15 - 16

NOVICE class must have 10 or fewer recorded bouts

INTERMEDIATE OPEN 13 - 14

OPEN class must have at least 5 recorded bouts
85, 90, 95, 101, 106, 110, 114, 119, 125, 132, 138, 145, 154, 165, 176, 189, 201, 201+

INTERMEDIATE NOVICE 13 - 14

NOVICE class must have 10 or fewer recorded bouts

JUNIOR OPEN 11 - 12

OPEN class must have at least 5 recorded bouts
80, 85, 90, 95, 101, 106, 110, 114, 119, 125, 132, 138, 145

JUNIOR NOVICE 11 - 12

NOVICE class must have 10 or fewer recorded bouts

BANTAM OPEN 9 - 10

OPEN class must have at least 5 recorded bouts
50, 55, 60, 65, 70, 75, 80, 85, 90, 95, 100, 105, 110, 115, 120

BANTAM NOVICE 9 - 10

NOVICE class must have 10 or fewer recorded bouts

WOMEN'S OPEN 17 - 34

OPEN class must have at least 5 recorded bouts
101, 106, 112, 119, 125, 132, 141, 152, 178, 178+

WOMEN'S NOVICE 17 - 34

NOVICE class must have 10 or fewer recorded bouts

GIRLS SENIOR JR OPEN 15 - 16

OPEN class must have at least 5 recorded bouts
90, 95, 101, 106, 110, 114, 119, 125, 132, 138, 145, 154, 165, 176, 189, 201, 201+

GIRLS SENIOR JUNIOR NOVICE 15 - 16

NOVICE class must have 10 or fewer recorded bouts

GIRLS INTERMEDIATE OPEN 13 - 14

OPEN class must have at least 5 recorded bouts
85, 90, 95, 101, 106, 110, 114, 119, 125, 132, 138, 145, 154, 165, 176, 189

GIRLS INTERMEDIATE NOVICE 13 - 14

NOVICE class must have 10 or fewer recorded bouts

GIRLS JUNIOR OPEN 11 - 12

OPEN class must have at least 5 recorded bouts
75, 80, 85, 90, 95, 101, 106, 110, 114, 119, 125, 132, 138, 145, 154

GIRLS JUNIOR NOVICE 11 - 12

NOVICE class must have 10 or fewer recorded bouts

GIRLS BANTAM OPEN 9 - 10

OPEN class must have at least 5 recorded bouts
50, 55, 60, 65, 70, 75, 80, 85, 90, 95, 100, 105, 110, 115, 120, 125, 130

GIRLS BANTAM NOVICE 9 - 10

NOVICE class must have 10 or fewer recorded bouts

WOMEN'S MASTERS OPEN 35 - UP

OPEN class must have at least 5 recorded bouts
101, 106, 112, 119, 125, 132, 141, 152, 165, 178, 178+

WOMEN'S MASTERS NOVICE 35 - UP

NOVICE class must have 10 or fewer recorded bouts

MEN'S MASTERS OPEN 35 - UP

OPEN class must have at least 5 recorded bouts
106 112 119 125 132 141 152 165 178 201 201+

MEN'S MASTERS NOVICE 35 - UP

NOVICE class must have 10 or fewer recorded bouts

MEN AND WOMEN MASTERS DIVISION # OF BOUTS _____, AGE ON JULY 2ND, 2010 _____.

SIGNED _____ DATE _____.

BOXER'S FULL NAME

SIGNED _____ DATE _____.

BOXER'S COACH OR OTHER WITNESS

PARENT OR GUARDIAN SIGNATURE IF UNDER 18 YEARS OF AGE

SIGNED _____ DATE _____.

4TH PLATINUM GLOVES TOURNAMENT 2010

BOXER'S WAIVER

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT I HEREBY FREELY AGREE TO AND MAKE THE FOLLOWING CONTRACTUAL REPRESENTATIONS, COVENANTS AND AGREEMENTS TO AND FOR THE BENEFIT OF UNITED STATES AMATEUR BOXING (USA BOXING), ANY SANCTIONING LOCAL BOXING COMMITTEE OF USA BOXING AND ALL PROMOTERS, SPONSORS AND VENUE OWNER AND THEIR RESPECTIVE AGENTS, OFFICERS, EMPLOYEES, MEMBERS AND AFFILIATES (COLLECTIVELY, RELEASEES). I ACKNOWLEDGE THAT BOXING IS AN INHERENTLY DANGEROUS SPORT AND FULLY REALIZE THE DANGERS OF PARTICIPATING IN BOXING COMPETITION AND PREPARATION FOR THE COMPETITION, AND FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION, THE RELEASEES' OWN NEGLIGENCE, AND THE POSSIBILITY OF SERIOUS PHYSICAL AND/ OR MENTAL TRAUMA, INJURY, PERMANENT PARALYSIS OR DEATH ASSOCIATED WITH BOXING COMPETITION. I CERTIFY THAT I HAVE HAD NO INJURIES TO MY HANDS, WHETHER FRACTURES, BROKEN BONES OR OTHERWISE, WITHIN THREE MONTHS PRECEDING THE DATES OF THIS ENTRY FORM AND THE EVENTS, AND HAVE NO INJURIES TO THE HEAD, CONCUSSIONS, HEADACES OR FAINTING SPELLS AND SHOULD I EXPERIENCE ANY OF THESE INJURIES AND CONDITIONS IN THE FUTURE I WILL IMMEDIATELY NOTIFY THE OFFICIALS OF THE EVENTS AND CEASE ALL PARTICIPATION IN THE EVENTS. FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, LEGAL REPRESENTATIVES, ASSIGNEES, AND SUCCESSORS IN INTEREST (COLLECTIVELY, SUCCESSORS) I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND COVENANT NOT TO SUE THE RELEASEES FROM ANY AND ALL RIGHTS AND CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASEES' OWN NEGLIGENCE, WHICH I HAVE OR WHICH MAY HEREAFTER ACCRUE TO ME AND FROM ANY AND ALL DAMAGES WHICH MAY BE SUSTAINED BY ME DIRECTLY OR INDIRECTLY IN CONNECTION WITH, OR ARISING OUT OF, MY PARTICIPATION IN OR ASSOCIATION WITH THE EVENTS, OR TRAVEL TO OR RETURN FROM THE EVENTS. I AGREE IT IS MY SOLE RESPONSIBILITY TO BE FAMILIAR WITH THE FACILITIES FOR THE EVENTS, WHICH MAY BE BEYOND THE IMMEDIATE CONTROL OF RELEASEES. I ACCEPT RESPONSIBILITY FOR THE CONDITION AND ADEQUACY OF MY COMPETITION AND PHYSICAL CONDITION TO PARTICIPATE IN THE EVENTS. I UNDERSTAND THAT DRUG TESTING MAY BE CONDUCTED FOR ATHLETES REGISTERED FOR THE EVENTS AND THAT THE USE OF SUBSTANCES PROHIBITED BY RELEASEES RULES WOULD MAKE ME SUBJECT TO SANCTIONS INCLUDING, BUT NOT LIMITED TO, DISQUALIFICATION AND SUSPENSION. I AGREE TO BE SUBJECT TO DRUG TESTING IF SELECTED, AND ITS SANCTIONS IF I FAIL TO COMPLY WITH THE TESTING OR AM FOUND POSITIVE FOR THE USE OF A BANNED SUBSTANCE. I UNDERSTAND AND AGREE THAT MEDICAL OR OTHER SERVICES RENDERED TO ME BY OR AT THE INSISTENCE OF ANY OF THE RELEASEES IS NOT AN ADMISSION OF LIABILITY TO PROVIDE OR CONTINUE TO PROVIDE SUCH SERVICES AND IS NOT A WAIVER BY ANY OF RELEASEES OF ANY RIGHT OR BENEFIT HEREUNDER. I AGREE, FOR MYSELF AND MY SUCCESSORS, THAT OF THIS AGREEMENT, THE ASSERTING PARTY SHALL BE LIABLE FOR THE EXPENSES (INCLUDING LEGAL FEES) INCURRED BY THE RELEASEES IN DEFENDING. THIS AGREEMENT MAY NOT BE MODIFIED ORALLY AND A WAIVER OF ANY PROVISION SHALL NOT BE CONSTRUED AS A MODIFICATION MY REPRESENTATIONS ARE CONTRACTUALLY BINDING, AND ARE NOT MERE RECITALS, AND THAT SHOULD I OR MY SUCCESSORS ASSERT ANY CLAIM IN CONTRAVENTION OF ANY OTHER PROVISION HEREIN OR AS A CONSENT TO ANY SUBSEQUENT WAIVER OR MODIFICATION. EVERY TERM AND PROVISION OF THIS AGREEMENT IS INTENDED TO BE SEVERABLE. IF ANY ONE OR MORE OF THEM IS FOUND TO BE UNENFORCEABLE OR INVALID, THAT SHALL NOT AFFECT THE OTHER TERMS AND PROVISIONS, WHICH SHALL REMAIN BINDING AND ENFORCEABLE.

FEMALE BOXERS I FURTHER CERTIFY THAT I AM NOT PREGNANT, OR HAVE ANY PAINFUL PELVIC DISCOMFORT SUCH AS SYMPTOMATIC ENDOMETRIOSIS OR OTHER CAUSES, ABNORMAL VAGINAL BLEEDING OF UNDETERMINED CAUSES (ETIOLOGY), RECENT LOSS OF MENSTRUAL PERIOD (SECONDARY AMENORRHEA) RECENTLY DEVELOPED BREAST MASS, RECENT BREAST DYSFUNCTION PREVIOUSLY NOT PRESENT OR SURGICAL BREAST IMPLANTS AND HAVE READ SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES PERTAINING TO MY PRESENT PHYSICAL CONDITION.

SIGNED _____ DATE _____
BOXER'S FULL NAME

SIGNED _____ DATE _____
BOXER'S COACH OR OTHER WITNESS

PARENT OR GUARDIAN SIGNATURE IF UNDER 18 YEARS OF AGE

SIGNED _____ DATE _____

CONSENT FOR MEDICAL TREATMENT OF MINORS

I _____, THE PARENT/GUARDIAN OF _____
BOXER'S FULL NAME **NAME OF PARENT OR GUARDIAN**

AUTHORIZE A REPRESENTATIVE OF THE PLATINUM GLOVES TOURNAMENT TO CONSENT TO MEDICAL TREATMENT FOR MY CHILD, IF I AM NOT PRESENT, WHILE PARTICIPATING IN THIS TOURNAMENT.

SIGNED _____ DATE _____
SIGNATURE OF PARENT OR GUARDIAN IF BOXER IS UNDER THE AGE OF 18.



JULY 1ST – 4TH

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NON ATHLETE ENTRY FORM

THIS ENTRY FORM AND RELEASE IS A CONTRACT WITH LEGAL CONSEQUENCES. I HAVE BEEN ADVISED TO AND I HAVE READ IT CAREFULLY BEFORE SIGNING.

LAST NAME _____

FIRST NAME _____

2010 USA BOXING REGISTRATION NUMBER

ADDRESS CITY _____

CITY CITY _____ STATE _____ ZIP _____

PHONE # _____

EMAIL _____

GYM/CLUB CITY _____

GYM/CLUB PHONE # _____

CHECK ONE: OFFICIAL COACH PHYSICIAN

OFFICIAL AND COACHES MUST PRESENT PROOF OF REGISTRATION.

IN CONSIDERATION OF YOUR ACCEPTING THIS ENTRY, I HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS WAIVE AND RELEASE ANY AND ALL RIGHTS TO ANY CLAIM FOR DAMAGES I MAY OR MIGHT HAVE AGAINST UNITED STATES AMATEUR BOXING (USA BOXING), ANGELS CARING EYES, INC. (ACE) AND ANY AND ALL SPONSORS AND VENUE OWNERS, FOR ANY INJURY OR DAMAGE SUFFERED BY ME, DURING MY PARTICIPATION IN THE PLATINUM GLOVES TOURNAMENT.

PRINT _____ DATE _____

OFFICIAL / COACH FULL NAME

SIGNED _____ DATE _____

OFFICIAL / COACH FULL NAME



JULY 1ST – 4TH

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PLATINUM GLOVES CHECK LIST

PLEASE RETURN THE FOLLOWING FORMS COMPLETELY FILLED OUT...CLEARLY AND EASY TO READ:

1. BOXER'S ENTRY FORM. _____
2. DIVISION, AGE AND WEIGHT CLASSIFICATION FORM. _____
3. BOXER'S WAIVER FORM. _____
4. NON-ATHLETES ENTRY FORM. _____
5. PLATINUM GLOVES CHECK LIST. _____

Please visit: www.angelscaringeyes.org, Contact: ANGELS CARING EYES – Daniel Estrada @ 407-455-2373, **Mail check or money order to:**

ANGELS CARING EYES, P.O.Box 247, Ocoee, FL 34761.

Check or Money order Payable to: ANGELS CARING EYES

PRINT _____ DATE _____
BOXER'S FULL NAME

SIGNED _____ DATE _____
BOXER'S FULL NAME

PRINT _____ DATE _____
COACHES FULL NAME

SIGNED _____ DATE _____
COACHES FULL NAME