Weigh-in

OBA

Ontario Amateur Boxing Association

Weigh-in

Date:	Coach in charge:		
Host Name	Address:	City:	Host Phone:

	NAME/CLUB - RED CORNER	Lbs	Cat	D/O/B	Bout	Coach	NAME/CLUB - BLUE CORNER	Lbs	Cat	D/O/B	Bout	Coach	**Official**
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

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	NAME/CLUB - RED CORNER	Lbs	Cat	D/O/B	Bout	Coach	NAME/CLUB - BLUE CORNER	Lbs	Lbs	D/O/B	Bout	Coach	**Official**
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													