



Name: _____

Date: _____

Club: _____

Division: _____

What are your short-term boxing goals?

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-
-

What are your long-term boxing goals?

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-
-

What are you actively doing to achieve those goals?

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-
-

How would your ability in the following:

Footwork

1 2 3 4 5 6 7 8 9 10

Striking



1 2 3 4 5 6 7 8 9 10

Endurance

1 2 3 4 5 6 7 8 9 10

Mental Preparedness

1 2 3 4 5 6 7 8 9 10

Aggression

1 2 3 4 5 6 7 8 9 10

Training Habits

1 2 3 4 5 6 7 8 9 10