



## 2024 NATIONAL GOLDEN GLOVES: TOURNAMENT OF CHAMPIONS TOURNAMENT FACT SHEET

### HOST FRANCHISE:

Detroit Golden Gloves – Ansel Stewart, Delegate

### TOURNAMENT DIRECTORS:

Ansel Stewart, [detroitgoldengloves15@gmail.com](mailto:detroitgoldengloves15@gmail.com) (313) 610-7709

Katealia Chambers, [katealia829@gmail.com](mailto:katealia829@gmail.com) (313) 215-3420

### COMPETITION VENUE:

Huntington Place Convention Center, 1 Washington Blvd, Detroit, MI 48226

### HEADQUARTERS OFFICE:

**Huntington Place**, 1 Washington Blvd., Detroit, MI 48226

### DATES:

Staff arrival: Thursday, May 9, 2024

Franchise Representative Arrival: Saturday, May 11, 2024 (*only day for registration*)

Team Arrivals: Boxers and Coaches must arrive prior to 3:00pm on Sunday May 12<sup>th</sup> for the scheduled Boxers & Coaches Technical Meeting.

Competition: Monday May 13<sup>th</sup> thru Saturday May 18<sup>th</sup>

### TEAM REGISTRATION/CHECK-IN:

**BOXER PASSBOOKS AND FINAL TEAM ROSTERS** will be turned in to the Headquarters office located at Huntington Place Saturday May 11<sup>th</sup> between 9:00am-9:00pm. **The Headquarters Office will close at 9:00pm on Saturday May 11<sup>th</sup> and remain closed on Sunday. Late arrivals will not be entered into the tournament.**

### AIRPORT TRANSPORTATION:

Transportation will be provided to and from Detroit Metropolitan Airport for all franchise teams traveling by air with submission of air and lodging itinerary.

Team Airport Pickup Dates: Saturday, May 11<sup>th</sup> and Sunday, May 12<sup>th</sup>, 2024

Team Departure Date: Sunday, May 19, 2024.

Franchise Transportation Form must be submitted to tournament Host by **Tuesday, April 9, 2024.**

***\*\*Teams that depart prior to Sunday, May 19, 2024 must make their own transportation arrangements.***

### HOST HOTELS:

**Hotel Indigo Detroit Downtown an IHG Hotel \$149.00 + tax** 1020 Washington Blvd., Detroit (3 blocks from Huntington Place)

Reservation Contact: Laura Zolnowski 313-720-0411 [LZolnowski@griffinhm.com](mailto:LZolnowski@griffinhm.com)

Reservation Deadline: ***Friday April 26<sup>th</sup>***

***\*Please inquire at booking information for parking.***

***\*\*Hotel requires proof of 501c3 exemption as well as Michigan Use & Sales Tax Exemption Form***

**DoubleTree Suites Detroit Downtown Fort Shelby \$149.00 + tax** 525 W. Lafayette Blvd., Detroit (2 blocks from Huntington Place)

Reservation Contact: Cindy Simoncic 313-424-1367 [cindy.simoncic@hilton.com](mailto:cindy.simoncic@hilton.com)

Reservation Deadline: ***Friday April 26<sup>th</sup>***

***\*Please inquire at booking for information about early departure fees and parking.***

***\*\*Hotel requires proof of 501c3 exemption as well as Michigan Use & Sales Tax Exemption Form***



**Motor City Casino Hotel \$149.00 + tax** 2901 Grand River Ave., Detroit  
(3 minute drive to Huntington Place)

Reservation Contact: Michelle Duffy [MDuffy@mccemail.com](mailto:MDuffy@mccemail.com)

Reservation Deadline: **Friday April 11<sup>th</sup>**

Casino property requires one occupant per room to be 21 years of age or older

*\*Please inquire at booking for parking and/or shuttle services.*

*\*\*Hotel requires proof of 501c3 exemption as well as Michigan Use & Sales Tax Exemption Form*

#### **ENTRIES:**

Each current Franchise in good standing is eligible to enter up to 10 male and 10 female boxers. Non-citizens of the US are eligible to compete in the 2024 National Tournament. Boxers must have a minimum of 10 bouts and meet the age determination requirement to compete at the National Tournament. Exceptions may be made with authorization from the Boxer's coach, Franchise Delegate and Golden Gloves of America President. **Franchise Preliminary Team Rosters must be emailed to the Executive Director immediately following your franchise region tournament and no later than WEDNESDAY MAY 1, 2024. Final Team Rosters and any accompanying paperwork must be turned in to The Headquarters Office on Saturday May 11<sup>th</sup> from 9:00am-9:00pm. The Headquarters Office will not be open on Sunday May 12<sup>th</sup> as this date is reserved for draw/bracketing, bout sheet distribution and boxers/coaches technical meeting.**

#### **WEIGHTS:**

Twenty (20) weight classes will be contested at the National Tournament.

**MALE:** 112, 125, 132, 139, 147, 156, 165, 176, 203, 203+

**FEMALE:** 110, 119, 125, 132, 139, 146, 154, 165, 178, 178+

#### **BOXER AGE REQUIREMENTS:**

Boxers ages 18 thru 40 are eligible to participate. All boxers must be at least **18 years of age on January 1, 2024** but not yet 41 before May 18, 2024.

#### **FRANCHISE DELEGATION:**

A full Franchise Team Delegation is comprised of 26 members: 1 Delegate, 1 Alternate Delegate, 20 boxers, 2 team coaches, 2 officials (Officials may be Doctors). No franchise may participate in the tournament with less than eight (8) qualified contestants. The Board of Directors may waive this requirement based on extenuating circumstances which judgment shall be at its sole discretion.

#### **CREDENTIALS:**

Credentials will be issued to Delegates when the team is registered. Credentials will be issued for the Delegate, Alternate Delegate, 2 guests, and boxer entrants who are registered by the Franchise Delegate.

Credentials for all Coaches will be issued at the Coaches check-in on Saturday May 11<sup>th</sup> 9:00am-9:00pm, Sunday May 12<sup>th</sup> 10:00am-2:00pm, and daily 7:00am-9:00am **during weigh-ins ONLY**. **No Coaches credentials will be issued outside of these times.**

Officials credentials will be issued at the Officials check-in on Saturday May 11<sup>th</sup> 9:00am-9:00pm and Sunday May 12<sup>th</sup> 10:00am-2:00pm. **Any Officials arriving outside of the registration time MUST CONTACT the Tournament Chief of Officials Jeanne DePriest at [jhd4boxing@msn.com](mailto:jhd4boxing@msn.com) or (970) 978-5188.**

All participants must present their credentials for admission to the venue.



**DRAW AND BRACKETING:**

Live Draw and bracketing will take place on **Sunday May 12<sup>th</sup> at 12:00 noon.**

**COACH/BOXER/DELEGATES TECHNICAL MEETING:**

Sunday May 12<sup>th</sup> 3:00pm at Huntington Place (NOTE: Monday's Bout sheets should be available at this time.)

**WEIGH-INS AND PHYSICALS:**

Monday May 13<sup>th</sup> through Saturday May 18<sup>th</sup> weigh-ins will be held at Huntington Place at 7:00am sharp each day. Physicals will take place immediately following the Boxer's weigh-in.

**COMPETITION SESSIONS:**

One session daily Monday May 13<sup>th</sup> thru Friday May 17<sup>th</sup> 5:00pm and Saturday May 18<sup>th</sup> 4:00pm

**RINGS-ROUNDS:**

Monday-Friday 4 rings, 3-minute rounds

Saturday 1 ring, 3-minute rounds

**SCORING SYSTEM:**

ESS Scoring System

**FINALISTS BOXERS & COACHES MEETING:**

Saturday May 18<sup>th</sup> immediately following weigh-ins for briefing, interviews, photos, etc.

**UNIFORMS AND EQUIPMENT:**

All participants must wear team uniforms with team colors as provided by their Franchise. All mandatory equipment such as hand wraps and open-faced competition approved headgear as specified in the USA Boxing National Rulebook. Open-faced headgear required for all Open Elite boxers in all sub-franchise and regional tournaments. Coaches must have their own corner equipment. Competition gloves will be provided at the National Tournament and must be used by all boxers in the competition. Headgear will not be provided.

**RULES:**

USA Boxing National Rulebook with Golden Gloves Rules Modifications will be used in the conducting of the Tournament. Additional policies and procedures as contained in the Golden Gloves of America By-Laws and Policies and Procedures shall prevail over this tournament.

***\*\*All rules and policies as outlined in this fact sheet are applicable at all Golden Gloves competitions (i.e. sub-franchise and regional events.)***

***\*\*It is highly recommended that you utilize the online Webpoint registration for your sub-franchise and regional tournaments. This is a very effective tool to aid in streamlining athlete information at both the local and national level. For more information regarding this process please contact Bob Russo (207) 415-2872 or Abbey Smith (423) 779-4719.***

## Michigan Sales and Use Tax Certificate of Exemption

This exemption claim should be completed by the purchaser, provided to the seller, and is not valid unless the information in all four sections is complete. Do not send a copy to Treasury unless one is requested.

### SECTION 1: TYPE OF PURCHASE

Check one of the following:

- A. One-Time Purchase  
Order or Invoice Number: \_\_\_\_\_
- C. Blanket Certificate  
Expiration Date (maximum of four years): \_\_\_\_\_
- B. Blanket Certificate. Recurring Business Relationship

The purchaser completing this form hereby claims exemption from tax on the purchase of tangible personal property or services purchased from the seller named below. This claim is based upon: the purchaser's proposed use of the property or services; OR the purchaser's exempt status.

Seller's Name and Address

### SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

1.  All items purchased.
2.  Limited to the following items: \_\_\_\_\_

### SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

1.  For Lease. Purchaser will lease the property and elects to pay tax based on rental receipts. Enter sales tax license or use tax registration number: \_\_\_\_\_
2.  For Resale at Retail. Enter Sales Tax License Number: \_\_\_\_\_
3.  Direct Pay - Authorized to pay use tax on qualified transactions directly to Michigan Treasury under account number: \_\_\_\_\_

The following exemptions DO NOT require the purchaser to provide a number:

4.  Agricultural Production. Enter percentage: \_\_\_\_\_ %
5.  Government Entity (U.S. or its instrumentalities, State of Michigan or its political subdivisions), Nonprofit School, Nonprofit Hospital, Church or House of Religious Worship (circle type of organization)
6.  Contractor (provide *Michigan Sales and Use Tax Contractor Eligibility Statement* (Form 3520)).
7.  For Resale at Wholesale.
8.  Industrial Processing. Enter percentage: \_\_\_\_\_ %
9.  Nonprofit Internal Revenue Code Section 501(c)(3), 501(c)(4), or 501(c)(19) Exempt Organization.
10.  Nonprofit Organization with an authorized letter issued by Michigan Department of Treasury prior to July 17, 1998 (sales tax) or June 13, 1994 (use tax).
11.  Rolling Stock purchased by an Interstate Motor Carrier.
12.  Other (explain): \_\_\_\_\_

### SECTION 4: CERTIFICATION

*I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.*

Business Name		Type of Business (see codes on page 2)
Business Address		City, State, ZIP Code
Business Telephone Number (include area code)		Name (Print or Type)
Signature	Title	Date Signed

## Instructions for completing *Michigan Sales and Use Tax Certificate of Exemption (Form 3372)*

**Purchasers** may use this form to claim exemption from Michigan sales and use tax on qualified transactions. All fields must be completed; however, if provided to the purchaser in electronic format, a signature is not required. All claims are subject to audit. The purchaser must ensure eligibility of the exemption claimed; a purchaser who improperly claims an exemption is liable for tax, penalty, and interest, with limited exceptions.

**Sellers:** Michigan does not issue “tax exempt numbers” and a seller is not permitted to rely on a number in lieu of a valid exemption claim. Sellers are required to maintain proper records of exempt sales, including exemption forms or the same information in another format. Records may be kept electronically. If the exemption certificate is received in electronic format, a signature is not required. A seller who does not comply with these requirements may be liable for tax, penalty, and interest. See Revenue Administrative Bulletin 2016-14 for more information. All claims are subject to audit.

### SECTION 1:

A) Choose “One-Time Purchase” and include the invoice number this certificate covers.

B) Choose “Blanket Certificate” if there is a “recurring business relationship.” This exists when a period of not more than 12 months elapses between sales transactions between the seller and purchaser. Parties do not need to renew this blanket exemption claim as long as the recurring business relationship exists.

C) Choose “Blanket Certificate” and enter the expiration date (maximum four years) when there may be a period of more than 12 months between sales transactions. This option is best when purchaser and seller anticipate more than one exempt transaction before the expiration date but do not have or may not maintain a recurring business relationship.

### SECTION 2:

Place a check in the box for “All items purchased” or choose “Limited to” and list the items that are covered by the exemption claim.

### SECTION 3:

Check the box that applies and, if applicable, provide the required information. The exemptions listed are the most common. If the exemption you are claiming is not listed, check “Other” and enter the qualifying exemption.

### SECTION 4:

Purchaser must complete Section 4. A signature is only required if a paper form is used; in that case, the purchaser should sign and provide their title (for example, Purchasing Manager, President, Owner). For Type of Business, enter the number from the following list that best describes the purchaser’s business.

01	Accommodations	10	Utilities
02	Agricultural	11	Wholesale
03	Construction	12	Advertising, newspaper
04	Manufacturing	13	Non-Profit Hospital
05	Government	14	Non-Profit Educational
06	Rental or leasing	15	Non-Profit 501(c)(3), 501(c)(4), or 501(c)(19)
07	Retail	16	Other (enter code and write in business type)
08	Church		
09	Transportation		



# BOUT/AGE EXCEPTION FORM

(Must be received by Golden Gloves of America, Inc at least 7 days prior to the first Golden Gloves event in which you wish to participate)

USA Boxing Member ID #: \_\_\_\_\_ Franchise: \_\_\_\_\_

Boxer Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Personal Gym Name: \_\_\_\_\_

Personal Coach Name: \_\_\_\_\_

Coach Phone: \_\_\_\_\_ Coach Email: \_\_\_\_\_

Boxer Matchtracker Record: \_\_\_\_ Wins \_\_\_\_ Loss \_\_\_\_ Other (Walkover/RSC, etc) Weight Class: \_\_\_\_\_

What makes you a good candidate for the exception at the National Golden Gloves?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Boxer Signature

\_\_\_\_\_  
Franchise Delegate Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Email completed form to: [pbcboxing@maine.rr.com](mailto:pbcboxing@maine.rr.com) SUBJECT: BOUT/AGE EXCEPTION REQUEST**

\_\_\_\_\_  
Please do not write below this line \_\_\_\_\_

Exception request **APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_ by Golden Gloves of America, Inc

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



## 2024 PRELIMINARY Team Roster

**FRANCHISE NAME:**

**PRELIMINARY** Team Rosters must be emailed **IMMEDIATELY AFTER YOUR FINALS.**

All rosters and substitutions, deletions, or additions must be submitted

by email to [AbbeySmith.TN@gmail.com](mailto:AbbeySmith.TN@gmail.com).

**Deadline for Roster submission, including changes is WEDNESDAY MAY 1st .**

### Franchise Contingent Team Members

Title	Name	Passbook #
Coach #1		
Coach #2		
Official #1		
Official #2		
Ringside Physician		

#### Male Boxers

Weight Class	Boxer Name	Passbook #
112 lb.		
125 lb.		
132 lb.		
139 lb.		
147 lb.		
156 lb.		
165 lb.		
176 lb.		
203 lb.		
+203 lb.		

#### Female Boxers

Weight Class	Boxer Name	Passbook #
110 lb.		
119 lb.		
125 lb.		
132 lb.		
139 lb.		
146 lb.		
154 lb.		
165 lb.		
178 lb.		
+178 lb.		



### **Additional Franchise Members**

Title	Name	Passbook #
Additional Coach #1		
Additional Coach #2		
Additional Coach #3		
Additional Coach #4		
Additional Official #1		
Additional Official #2		
Additional Official #3		
Additional Official #4		
Ringside Physician		
Ringside Physician		

**FRANCHISE NAME:**

Delegate Name: \_\_\_\_\_ USAB Member #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt. Delegate: \_\_\_\_\_ USAB Member #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Franchise Contingent Team Boxers listed above have taken part in the Franchise advancing tournament(s) and are financially supported by the Franchise, with exception to walkovers.  
 Franchise Contingent Team Non-Athletes listed above are eligible to serve in their respective roles as identified by their USA Boxing membership and are financially supported by the Franchise.  
 Additional Franchise Members are endorsed by the Franchise for participation representing the Franchise name.

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**Signature Franchise Delegate** **Date**





## 2024 Franchise Transportation Request

**FRANCHISE NAME:** \_\_\_\_\_

Please email this form to: [katealia829@gmail.com](mailto:katealia829@gmail.com)

**Deadline to submit is Tuesday April 9, 2024.**

**Arrival Date:** \_\_\_\_\_

**Arrival Airline:** \_\_\_\_\_ **Flight #:** \_\_\_\_\_

**Arrival Time:** \_\_\_\_\_

**Number of people to be picked up at arrival:** \_\_\_\_\_

**Contact Name and Phone Number for arrival transport:**  
\_\_\_\_\_  
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**Departure Date:** \_\_\_\_\_

**Departure Airline:** \_\_\_\_\_ **Flight #:** \_\_\_\_\_

**Departure Time:** \_\_\_\_\_

**Number of people to be picked up for departure:** \_\_\_\_\_

**Contact Name and Phone Number for departure transport:**  
\_\_\_\_\_  
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**Delegate Name:** \_\_\_\_\_

**Delegate Phone:** \_\_\_\_\_

**Delegate Email:** \_\_\_\_\_