



UNITED STATES AMATEUR BOXING, INC.
 NORTHERN CALIFORNIA ASSOCIATION – LBC #38
 POST EVENT REPORT



CLUB BOUTS _____ TOURNAMENT _____ DATE: _____ SANCTION # _____

SITE OF COMPETITION: _____

OFFICIAL IN CHARGE: _____ MATCHMAKER: _____

PHYSICIAN: _____ NUMBER OF BOUTS: _____

SECTION A:

- | | | |
|---|-----|----|
| 1. All boxers NorCal USA Boxing registered | Yes | No |
| 2. All boxers members of NorCal USA Boxing Club | Yes | No |
| 3. All officials certified. | Yes | No |
| 4. All boxers weighed in and had physicals. | Yes | No |
| 5. All referees had physicals | Yes | No |
| 6. Proper equipment used by all boxers. | Yes | No |
| 7. All officials were properly attired | Yes | No |
| 8. Oxygen equipment and stretcher present | Yes | No |

Explain any "No" answers circled (Indicate #): _____

SECTION B:

- | | | | | |
|-------------------------------|-----------|------|------|------|
| 1. Ring and accessories. | Excellent | Good | Fair | Poor |
| 2. Gloves | Excellent | Good | Fair | Poor |
| 3. Dressing Rooms | Excellent | Good | Fair | Poor |
| 4. Matchups. | Excellent | Good | Fair | Poor |
| 5. Officiating. | Excellent | Good | Fair | Poor |
| 6. Site of competition. | Excellent | Good | Fair | Poor |

Explain any "Fair" or "Poor" answers (Indicate #); and general comments _____

SECTION C:

- | | | | | | |
|-----------------------------|-----|----|----------------------------------|-----|----|
| 1. Boxers injured. | Yes | No | 5. Any TKO's..... | Yes | No |
| 2. Officials injured. | Yes | No | 6. Unusual incidents | Yes | No |
| 3. Spectators injured. | Yes | No | 7. Coaching irregularities | Yes | No |
| 4. Any KO's. | Yes | No | 8. Compulsory count limit | Yes | No |

Explain any "Yes" answers. Indicate name & club if applied to #1, 4, 5, 6, 7, Or 8: _____

SECTION D: General comments, observations, recommendations:

SECTION E: Certified Officials in Attendance:

AFTER ALL EVENTS AND WITHIN 10 DAYS, IT IS THE RESPONSIBILITY OF THE DEPUTY COMMISSIONER TO FORWARD COPIES OF THE APPROPRIATE INFORMATION TO:

- STATE ATHLETIC COMMISSION:** 2005 Evergreen St., Suite 2010, Sacramento, CA 95815
(A) Post Event Report; (B) Bout Sheet (Winners circled); (C) Physicians Report Form; (D) Copy of TKO/KO Report
- ASSOCIATION PRESIDENT:** Robert Rodriguez, 2074 Hillside Drive, San Leandro, CA 94577
(A) Post Event Report; (B) Bout Sheet (Winners circled); (C) Copy of TKO/KO Report
- CHIEF OF OFFICIALS:** Lydia Razo, 9194 Sandrine Ct, Sacramento, CA 95829
(A) Post Event Report; (B) Bout Sheet (Winners circled); (C) Physicians Report Form; (D) Copy of TKO/KO Report

FAILURE ON THE PART OF THE PROMOTER OR CLUB TO COOPERATE WITH THE HEAD OFFICIAL COULD RESULT IN THE CANCELLATION OF YOUR NEXT SANCTION OR DENIAL OF FUTURE ONES.

EVENT PROMOTER: _____ **DATE:** _____

OFFICIAL IN CHARGE: _____ **DATE:** _____