



**United States Amateur Boxing
NORTHERN CALIFORNIA ASSOCIATION
REGION XI, LBC#38**

POST EVENT REPORT

Club Bouts _____ **Tournament** _____ **Date** _____ **Sanction #** _____

Site of Competition _____

Official in Charge: _____

Physician _____

SECTION A:

Number of Bouts _____

- | | | | |
|----|---------------------------------------------------|-----|----|
| 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" answer 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 RSC's.....Yes No |
| 2. Officials injured.....Yes No | 6. Unusual incidents.....Yes No |
| 3. Spectators injured.....Yes No | 7. Coaching irregularities...Yes No |
| 4. RSC-H or RSC-M.....Yes No | 8. Compulsory count limit...Yes No |

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

SECTION D: General comments, observations, and 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:

1. State Athletic Commission: 2005 Evergreen St., Suite 2010, Sacramento CA 95815
(A) "Post Event Report" (B) Bout sheet (winners circles)
(C) Physicians Report Form, (D) Cpy of RSC-H/RSC-M Report
2. Association President: _____
A,B,C, and D
3. Chief of Officials: _____
A,B,C, and D

Failure on the part of the promoter or club to cooperate with the head officials could result in the cancellation of your next sanction or denial of future ones.

EVENT PROMOTER _____ Date _____
OFFICIAL IN CHARGE _____ Date _____