



United States Amateur Boxing, Inc.

Sanction Application/Official Sanction Form

A Copy of this Sanction must be displayed in the weigh-in room or other conspicuous place

USA Boxing, _____
Local Boxing Committee (LBC) Name

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY
The LBC must forward a copy of this form to USA Boxing's Headquarters.

I(We) _____ Address _____

City _____ State _____ Zip _____

Apply on behalf of _____ for sanction to hold boxing competition in

City _____ State _____ Zip _____

Official Name of Event _____

Site _____ Address _____

City _____ State _____ Zip _____

Time _____ on the _____ day(s) of _____ 200 _____

Sponsoring Organization _____

Type of Event (Circle One)

LBC Tournament, Golden Gloves Tournament, Regional Tournament, Club Competition, Other _____

International Club Competition (name country involved) _____

Level of Competition (Circle One) Senior Junior Olympic Joint **Scheduled # of Bouts** _____

Official in Charge of Event _____

Ringside Physician(s) Name(s) _____

Volunteer Physician(s) Paid Physician(s)

I agree to comply with conditions as listed on the reverse side of this form and USA Boxing's Rules and Policies

Applicant's Signature _____ Date _____

Do Not Write Below This Line

For Local Boxing Committee Use Only

Approved/Rejected (Circle One) Signed _____ Date _____

LBC President or Designee

LBC Name _____ Sanction Number _____