Boxing New Brunswick Boxe, Inc.

SANCTION APPLICATION FORM

From _____ Boxing Club

Date of Competition: _____ Time of Competition: _____

Competition Venue Site: _____

Address of Competition: _____

Name of Medical Doctor: _____ Time of Weigh In / Medicals: _____

I, the undersigned, certify that all boxers, coaches and officials involved on / with this card are registered with Boxing Canada (exceptions: International Boxing Cards – boxers, coaches and officials must be registered with their National Association). I further certify that the club fee has been paid for the registration year_____.

Submitted this _____ day of _____ year _____.

Sanction Fee of $ 100.00 **Enclosed ( )**

Promoter: _____

Address: _____

_____ **Postal Code** _____

Telephone: _____ **(w)** _____ **(h)** _____ **(c) Email:** _____

Promoter: _____

Signature

For Office Use: **Approved: ( )** **Disapproved: ( )**

Reason: _____

Distribution of forms by the Executive Director:

Copy 1: Provincial Chief Official

Copy 2: President, Boxing NB Boxe

Copy 3: Secretary -Treasurer (Sanction fee attached)

Copy 4: Return to Club (Approved / Disapproved)

_____

Signature of Executive Director

Mailing Address: Boxing New Brunswick Boxe, Inc.
c/o Kevin Watson, Executive Director
60 Gifford Road, Saint John, New Brunswick, E2M 5K8
E-mail: k-watson@rogers.com

Updated: October 9, 2011