



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 President:		
Copy 1: Provincial Chief Official	Copy 3: Secretary -Treasurer (Sanction fee attached)	
Copy 2: Retained by President, Boxing NB Boxe	Copy 4: Return to Club (Approved / Disapproved)	

Signature of President

Mailing Address: Boxing New Brunswick Boxe, Inc.
c/o Kevin Watson, Executive Director
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Email: k-watson@rogers.com