



USA Boxing, Inc.

Official's Clinic Request Form

Requested By:

Clinician's Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Clinic Location: _____ Date of Clinic: _____
City/State

Association: _____ LBC # _____

Required: _____
LBC President's Signature *Date*

Required: _____
LBC Chief of Officials Signature *Date*

DO NOT FILL - PORTION TO BE FILLED OUT BY USA BOXING MEMBERSHIP SERVICES

Approved By:

Clinic Control Number: _____

USA Boxing Officer's Signature – Membership Services

Date

NOTE: The Clinic Request Form must be submitted to USA Boxing, two weeks or more in advance. It must be signed by the LBC President and LBC Chief of Officials. The form will be rejected if not properly completed, signed and turned in less than two weeks.