



# 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.