



UNITED STATES AMATEUR BOXING, INC.  
 NORTHERN CALIFORNIA ASSOCIATION – LBC #38  
 POST EVENT REPORT



CLUB BOUTS \_\_\_\_\_ TOURNAMENT \_\_\_\_\_ DATE: \_\_\_\_\_ SANCTION # \_\_\_\_\_

SITE OF COMPETITION: \_\_\_\_\_

OFFICIAL IN CHARGE: \_\_\_\_\_ MATCHMAKER: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ NUMBER OF BOUTS: \_\_\_\_\_

**SECTION A:**

- |   |     |    |
|---|-----|----|
| 1. All boxers NorCal USA Boxing registered .....      | Yes | No |
| 2. All boxers members of NorCal USA Boxing Club ..... | Yes | No |
| 3. All officials certified. ....                      | Yes | No |
| 4. All boxers weighed in and had physicals. ....      | Yes | No |
| 5. All referees had physicals .....                   | Yes | No |
| 6. Proper equipment used by all boxers. ....          | Yes | No |
| 7. All officials were properly attired .....          | Yes | No |
| 8. Oxygen equipment and stretcher present .....       | Yes | No |

Explain any "No" answers circled (Indicate #): \_\_\_\_\_

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**SECTION B:**

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|-------------------------------|-----------|------|------|------|
| 1. Ring and accessories. .... | Excellent | Good | Fair | Poor |
| 2. Gloves .....               | Excellent | Good | Fair | Poor |
| 3. Dressing Rooms .....       | Excellent | Good | Fair | Poor |
| 4. Matchups. ....             | Excellent | Good | Fair | Poor |
| 5. Officiating. ....          | Excellent | Good | Fair | Poor |
| 6. Site of competition. ....  | Excellent | Good | Fair | Poor |

Explain any "Fair" or "Poor" answers (Indicate #); and general comments \_\_\_\_\_

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**SECTION C:**

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|-----------------------------|-----|----|----------------------------------|-----|----|
| 1. Boxers injured. ....     | Yes | No | 5. Any TKO's.....                | Yes | No |
| 2. Officials injured. ....  | Yes | No | 6. Unusual incidents .....       | Yes | No |
| 3. Spectators injured. .... | Yes | No | 7. Coaching irregularities ..... | Yes | No |
| 4. Any KO's. ....           | Yes | No | 8. Compulsory count limit .....  | Yes | No |

Explain any "Yes" answers. Indicate name & club if applied to #1, 4, 5, 6, 7, Or 8: \_\_\_\_\_

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**SECTION D:** General comments, observations, recommendations:

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**SECTION E:** Certified Officials in Attendance:

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**AFTER ALL EVENTS AND WITHIN 10 DAYS, IT IS THE RESPONSIBILITY OF THE DEPUTY COMMISSIONER TO FORWARD COPIES OF THE APPROPRIATE INFORMATION TO:**

- STATE ATHLETIC COMMISSION:** 2005 Evergreen St., Suite 2010, Sacramento, CA 95815  
(A) Post Event Report; (B) Bout Sheet (Winners circled); (C) Physicians Report Form; (D) Copy of TKO/KO Report
- ASSOCIATION PRESIDENT:** Robert Rodriguez, 2074 Hillside Drive, San Leandro, CA 94577  
(A) Post Event Report; (B) Bout Sheet (Winners circled); (C) Copy of TKO/KO Report
- CHIEF OF OFFICIALS:** Lydia Razo, 9194 Sandrine Ct, Sacramento, CA 95829  
(A) Post Event Report; (B) Bout Sheet (Winners circled); (C) Physicians Report Form; (D) Copy of TKO/KO Report

**FAILURE ON THE PART OF THE PROMOTER OR CLUB TO COOPERATE WITH THE HEAD OFFICIAL COULD RESULT IN THE CANCELLATION OF YOUR NEXT SANCTION OR DENIAL OF FUTURE ONES.**

**EVENT PROMOTER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OFFICIAL IN CHARGE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_