



United States Amateur Boxing, Inc.

1 Olympic Plaza, Colorado Springs, CO 80909

Fax: 719-632-3426

CERTIFICATE OF LIABILITY REQUEST

Certificates will be mailed to the address of the Sponsor Club only

Sanction # _____ or if requesting a Certificate for training, give club # _____

a. Name of Sponsor Club _____

b. Address of Sponsor Club _____

City _____ State _____ Zip _____

c. Phone Number of Sponsor Club _____

d. Third Party Requiring Certificate _____

Relationship of third party (venue, landlord, etc) _____

Address _____

City _____ State _____ Zip _____

e. Location of Event or Training Facility _____

f. Send Certificate via Regular Mail Fax (Circle one)

If by fax, FAX number () _____ Attn: _____

g. Date of Event _____ Number of Spectators _____

h. Name of event _____

(if training facility, write "training")

i. Local Boxing Committee (LBC) Officer Signature _____

LBC Name _____ Number _____

Address _____

j. Is Third Party to be named an Additional Insured? Yes _____ No _____

PLEASE REPRODUCE AS NEEDED