



# 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**