



# United States Amateur Boxing, Inc.

## Sanction Application/Official Sanction Form

A Copy of this Sanction must be displayed in the weigh-in room or other conspicuous place

USA Boxing, \_\_\_\_\_  
Local Boxing Committee (LBC) Name

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY**

**The LBC must forward a copy of this form to USA Boxing's Headquarters.**

I(We) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Apply on behalf of \_\_\_\_\_ for sanction to hold boxing competition in

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Official Name of Event \_\_\_\_\_

Site \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Time \_\_\_\_\_ on the \_\_\_\_\_ day(s) of \_\_\_\_\_ 200 \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

**Type of Event (Circle One)**

LBC Tournament, Golden Gloves Tournament, Regional Tournament, Club Competition, Other \_\_\_\_\_

**International Club Competition** (name country involved) \_\_\_\_\_

**Level of Competition (Circle One)** Senior Junior Olympic Joint **Scheduled # of Bouts** \_\_\_\_\_

Official in Charge of Event \_\_\_\_\_

Ringside Physician(s) Name(s) \_\_\_\_\_

Volunteer Physician(s)  Paid Physician(s)

*I agree to comply with conditions as listed on the reverse side of this form and USA Boxing's Rules and Policies*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Do Not Write Below This Line**

**For Local Boxing Committee Use Only**

Approved/Rejected (Circle One) Signed \_\_\_\_\_ Date \_\_\_\_\_

LBC President or Designee

LBC Name \_\_\_\_\_ Sanction Number \_\_\_\_\_