



Amateur Boxing Alliance (England) CIC

ANNUAL REGISTRATION FORM (REG1)

THIS FORM IS FOR THE REGISTRATION OF CLUBS, BOXERS, COACHES AND OFFICIALS

REGISTRATION FEES:

CLUB	£150.00
OFFICIALS	£ Free
COACHES	£ 15.00
BOXERS	£ 10.00

Name, Address and Post Code of Club:

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ASSOCIATION:

Name, Address Post Code and Email of Club Secretary

Name, Address Post Code and Email of Welfare Officer

E-Mail:

E-Mail:

Name, Address Post Code and Email of Club Chairman

Name, Address Post Code and Email of Club Treasurer

E-Mail:

E-Mail:

COACHES (Please indicate level of qualification i.e. Level 1= Assistant, Level 2= Full, Level 3= Senior)

NAME	FULL ADDRESS & POST CODE	DATE OF BIRTH	LEVEL

Signature of Club Secretary.....Date.....

This application must be returned, along with the appropriate fees before the start of season i.e. 1st of October.

This form must be returned to the Medical Registrar of your Region

OFFICIALS' REGISTRATION FORM

Type (You may tick more than 1 box) Referee <input type="checkbox"/> Judge <input type="checkbox"/> Timekeeper <input type="checkbox"/> OIC <input type="checkbox"/> MC <input type="checkbox"/> Recorder <input type="checkbox"/>	Name: Address: Tel:
Type (You may tick more than 1 box) Referee <input type="checkbox"/> Judge <input type="checkbox"/> Timekeeper <input type="checkbox"/> OIC <input type="checkbox"/> MC <input type="checkbox"/> Recorder <input type="checkbox"/>	Name: Address: Tel:
Type (You may tick more than 1 box) Referee <input type="checkbox"/> Judge <input type="checkbox"/> Timekeeper <input type="checkbox"/> OIC <input type="checkbox"/> MC <input type="checkbox"/> Recorder <input type="checkbox"/>	Name: Address: Tel:
Type (You may tick more than 1 box) Referee <input type="checkbox"/> Judge <input type="checkbox"/> Timekeeper <input type="checkbox"/> OIC <input type="checkbox"/> MC <input type="checkbox"/> Recorder <input type="checkbox"/>	Name: Address: Tel:
Type (You may tick more than 1 box) Referee <input type="checkbox"/> Judge <input type="checkbox"/> Timekeeper <input type="checkbox"/> OIC <input type="checkbox"/> MC <input type="checkbox"/> Recorder <input type="checkbox"/>	Name: Address: Tel:

BOXERS' REGISTRATION FORM

List of Boxers who will be active in the coming season

Club:

Club Secretary:

Address:

Reg No	Name	Weight Kg	Number of Bouts			
			Senior		Junior	
			Won	Lost	Won	Lost

This form must be returned to the Medical Registrar along with the appropriate fees and the card of each Boxer listed.

Recreational Boxers' Registration Form

Region.....

Club Name.....

	Name	Sex Male/ Female	Date of Birth	Home Address (Including Post Code)	Registration Number (To be completed by Registrar)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Please send completed form to the Medical Registrar of your Region
Or send as attachment via email

Once received, the applicant will be placed on the Alliance database and given a unique registration number.
The applicant will be a full member of the Alliance and is covered by insurance and is entitled to spar in the gym.