



UNITED STATES BOXING COUNCIL

PROMOTIONS APPLICATION FORM FOR USBC CHAMPIONSHIP CONTESTS

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM.

Official Website: www.wpbf-usbc.com

APPLICANT'S CONTACT DETAILS

1. Name of Company	2. Name of Promoter/CEO/President	
<input type="text"/>	<input type="text"/>	
3. Address (Number and Street, Town or City)	(State or Country)	(Zip/Postal Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Contact Details (Office Phone)	(Office Fax)	(Mobile Phone)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Official Website)	(Office E-mail)	(Business E-mail)
<input type="text"/>	<input type="text"/>	<input type="text"/>

PROPOSED EVENT DETAILS

5. Place of Event	<input type="text"/>	
6. Venue of Event	7. Seats of Venue	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Date of Event	9. Televised	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Title of Bout:	<input type="text"/>	
11. Weight Division	<input type="text"/>	
12. Name of Champion	Champion's Record	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Name of Challenger	Challenger's Record	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

LOCAL COMMISSION'S CONTACT DETAILS

14. Name of Local Commission	15. Name of President/Chairman	
<input type="text"/>	<input type="text"/>	
16. Contact Details (Office Phone)	(Office Fax)	(Mobile Phone)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Official Website)	(Office E-mail)	
<input type="text"/>	<input type="text"/>	

I certify that this application form has been completed truly and accurately, to the best of our knowledge. We agree to abide by the Constitution, Bylaws, Rules and Regulations of WPBF/USBC, and to co-operate fully with the USBC on all matters of championship contests.

Signature

Date