



## LEVEL I OFFICIALS CLINIC TRANSMITTAL

Clinician must send transmittal to USA Boxing within 10 days after clinic

DATE: \_\_\_\_\_ OCN: \_\_\_\_\_ LBC: \_\_\_\_\_ LOCATION: \_\_\_\_\_

Clinician name: \_\_\_\_\_ Clinician name: \_\_\_\_\_ Clinician name: \_\_\_\_\_

**Please Print Legibly**

		New	MA	USAB Member #	R	J	T	C	Score
Name:	Street:								
DOB:	City/State/ZIP								
Email:	Phone:	<b>New</b>	<b>MA</b>	<b>USAB Member #</b>	<b>R</b>	<b>J</b>	<b>T</b>	<b>C</b>	<b>Score</b>
Name:	Street:								
DOB:	City/State/ZIP								
Email:	Phone:	<b>New</b>	<b>MA</b>	<b>USAB Member #</b>	<b>R</b>	<b>J</b>	<b>T</b>	<b>C</b>	<b>Score</b>
Name:	Street:								
DOB:	City/State/ZIP								
Email:	Phone:	<b>New</b>	<b>MA</b>	<b>USAB Member #</b>	<b>R</b>	<b>J</b>	<b>T</b>	<b>C</b>	<b>Score</b>
Name:	Street:								
DOB:	City/State/ZIP								
Email:	Phone:	<b>New</b>	<b>MA</b>	<b>USAB Member #</b>	<b>R</b>	<b>J</b>	<b>T</b>	<b>C</b>	<b>Score</b>
Name:	Street:								
DOB:	City/State/ZIP								
Email:	Phone:	<b>New</b>	<b>MA</b>	<b>USAB Member #</b>	<b>R</b>	<b>J</b>	<b>T</b>	<b>C</b>	<b>Score</b>
Name:	Street:								
DOB:	City/State/ZIP								
Email:	Phone:	<b>New</b>	<b>MA</b>	<b>USAB Member #</b>	<b>R</b>	<b>J</b>	<b>T</b>	<b>C</b>	<b>Score</b>

LEGEND: New - New Official MA - Maintaining level R - Referee J - Judge T - Timekeeper C - Clerk