



**LEVEL II 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**

		EL	MA	USAB Member #	R	J	T	C	Score
Name:	Street:								
DOB:	City/State/ZIP								
Email:	Phone:	EL	MA	USAB Member #	R	J	T	C	Score
Name:	Street:								
DOB:	City/State/ZIP								
Email:	Phone:	EL	MA	USAB Member #	R	J	T	C	Score
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DOB:	City/State/ZIP								
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DOB:	City/State/ZIP								
Email:	Phone:	EL	MA	USAB Member #	R	J	T	C	Score
Name:	Street:								
DOB:	City/State/ZIP								
Email:	Phone:	EL	MA	USAB Member #	R	J	T	C	Score

LEGEND: EL - Elevating from I to II MA - Maintaining level II R - Referee J - Judge T - Timekeeper C - Clerk

Revised 10/20/17 USAB



**USA Boxing, Inc.**

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