



Official's Clinic Request Form

Association: _____ LBC #: _____ Date: _____

Clinician's Name: _____ Member #: _____

Email: _____ Phone #: _____

Clinic Location: _____ Date of Clinic: _____

Required LBC Approval

LBC President

Date

LBC Chief of Officials

Date

THIS PORTION TO BE FILLED OUT BY USA BOXING MEMBERSHIP SERVICES

Approved By

Clinic Control Number

USA Boxing Approval Signature – Membership Services

Date

NOTE: The Official's Clinic Request Form must be submitted to USA Boxing at least one week in advance of the scheduled clinic. All clinics must be approved by the LBC President and the Chief of Officials.

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USA Boxing, Inc.

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