



Adirondack Association of USA Boxing

2020 Event Sanction Application Form

Host (Club): _____

Club/Event Contact: _____ Phone: _____

Sanctioned Event Name: _____

Event Date: _____ Weigh-In: _____ Bout Time: _____

Location & Contact Information

Venue/Location: _____

Address: _____

Address2: _____

City: _____ State: NY Zip: _____

Website: _____

Official/Physician Information

Official in Charge:

Ringside Physician:

Insurance Information

Insurance Certificate Needed

Email Certificate To:

Additional Insured:

Venue listed above

Other (please attach additional insured)

Applicant Signature

Submit a New Sanctioned Event Online: <https://webpoint.usaboxing.org>