



# Adirondack Association of USA Boxing

## 2021 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>