

Home Counties
Amateur Boxing Alliance
 ANNUAL REGISTRATION FORM (REG1)

THIS FORM IS FOR THE REGISTRATION OF CLUBS, BOXERS, COACHES AND OFFICIALS

Name, Address and Post Code of Club:

Club	£150
Coach	£ 15
Boxer	£ 15
Official	FREE
Volunteer/Committee Member	FREE

ASSOCIATION: HOME COUNTIES	
Name, Address Post Code and Email of Club Secretary	Name, Address Post Code and Email of Welfare Officer
E-Mail:	E-Mail:
Name, Address Post Code and Email of Club Chairman	Name, Address Post Code and Email of Club Treasurer
E-Mail:	E-Mail:

COACHES (Please indicate level of qualification i.e. Level 1= Assistant, Level 2= Full, Level 3= Senior)

NAME	FULL ADDRESS & POST CODE	DATE OF BIRTH	LEVEL

Signature of Club Secretary.....Date.....

This application must be returned, along with the appropriate fees before the start of season i.e. 1st of October.

This form must be returned to the Registrar -

BOXERS' REGISTRATION FORM

List of Boxers who will be active in the coming season

Club:

Club Secretary:

Address:

To Register a NEW BOXER:

You'll need to send a completed Medical form (ME1), a copy of the Boxer's Birth Certificate or Passport (for age verification), 2 Passport Size Photos and the relevant fees.

Reg No	Name	Weight Kg	Number of Bouts			
			Senior		Junior	
			Won	Lost	Won	Lost

This form must be returned to the Registrar along with the appropriate fees and the ME1 of each Boxer listed.

OFFICIALS' REGISTRATION FORM

Type (You may tick more than 1 box) Referee <input type="checkbox"/> Judge <input type="checkbox"/> Timekeeper <input type="checkbox"/> OIC <input type="checkbox"/> MC <input type="checkbox"/> Recorder <input type="checkbox"/>	Name: Address: Tel:
Type (You may tick more than 1 box) Referee <input type="checkbox"/> Judge <input type="checkbox"/> Timekeeper <input type="checkbox"/> OIC <input type="checkbox"/> MC <input type="checkbox"/> Recorder <input type="checkbox"/>	Name: Address: Tel:
Type (You may tick more than 1 box) Referee <input type="checkbox"/> Judge <input type="checkbox"/> Timekeeper <input type="checkbox"/> OIC <input type="checkbox"/> MC <input type="checkbox"/> Recorder <input type="checkbox"/>	Name: Address: Tel:

Cheques should be made payable to **Home Counties Amateur Boxing Alliance** and sent to:
Faz keyani, Oxford Boxing Academy, Saxon Way, Oxford, OX3 9DE

If paying by Bank Transfer, you can use details below but you'll need to email proof of payment for our records.

Bank: Lloyds Bank PLC

Account Name: Home Counties Amateur Boxing Alliance

Account Number: 35705760

Sort Code: 30-97-95