

**ARMY BOXING ASSOCIATION – CERTIFICATE OF ASSURANCE APPLICATION**

BOXING COMPETITION –

TITLE ..... DATE OF EVENT .....

(UNIT) ..... V (UNIT / ORG) .....

TYPE OF EVENT (please circle or highlight)

- A**    **Mil pers v Civ @ civ location**                  **B**    **Mil pers v Civ @ mil location**  
**C**    **Mil pers only / Civ location**                  **D**    **Civ pers v Civ pers @ Mil loc**  
**E**    **Mil pers / Mil loc (For Example Inter Coy or Inter Unit on Camp)**

An administrative fee of £25 is required for options A – D but not E which remains free. Cheques should be made payable to ASCB Central Bank and should be enclosed with your application **8 WEEKS** prior to the event.

VENUE .....

POST CODE .....

BOXING OFFICER .....

ADDRESS .....

.....

RINGSIDE PHYSICIAN (if Known).....

APPOINTED SUPERVISOR (If known) .....

EMAIL ADDRESS (please make this [another123@mod.co.uk](mailto:another123@mod.co.uk) or civilian style address as the ASCB are not on a military IT Network)

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TELEPHONE MIL ..... MOBILE NO.....

PLEASE SEND THIS APPLICATION TO.

Secretary Army Boxing Association                  OR                  [ABA@ASCB.UK.COM](mailto:ABA@ASCB.UK.COM)

TELEPHONE    ARMY BOXING ASSOCIATION                  94 222 7089