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 ….. ……

……

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RINGSIDE PHYSICIAN (if Known)……

APPOINTED SUPERVISOR (If known) ……

PARAMEDIC COMPANY CONTACTED ……....

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

……

TELEPHONE MIL …… MOBILE NO……

PLEASE SEND THIS APPLICATION TO.

Secretary Army Boxing Association OR ABA@ASCB.UK.COM

TELEPHONE ARMY BOXING ASSOCIATION 94 222 7089