



## Association of Professional Boxing Commissions (APBC) - European Region

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### COACH/SECOND/CUTMAN INFORMATION

Please complete the relevant sections of the form below and once completed please post to APBC office address above or e.mail to office@apbcboxing.com

Coach ☐ Second ☐ Cutman ☐

Name (In Full) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Nationality \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Colour \_\_\_\_\_ Eye Colour \_\_\_\_\_

Passport No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Married ☐ Single ☐ Children ☐ Yes ☐ No If Yes Number of Children \_\_\_\_\_

Telephone/Mobile: \_\_\_\_\_ E.Mail: \_\_\_\_\_

License No: \_\_\_\_\_ Expires \_\_\_\_\_ Issuing Commission \_\_\_\_\_

Are you full time employed in this role? ☐ Yes ☐ No

If No, what is your other job? \_\_\_\_\_ Position \_\_\_\_\_

Company Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel No \_\_\_\_\_ E.Mail \_\_\_\_\_

Website \_\_\_\_\_

**Purpose of visit.**

Boxing Event ☐ Training Camp ☐ Course ☐

Date of Arrival: \_\_\_\_\_. Date of Departure: \_\_\_\_\_

**Hotel/Accommodation Address for duration of event/camp/course:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

**If Boxing Event/Training Camp please complete Section A, if a Course please complete Section B**

**SECTION A** Event ☐ Training Camp ☐

Date of Event/Camp: \_\_\_\_\_. Promoter \_\_\_\_\_

Venue: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

If Championship Contest:

Boxer Name: \_\_\_\_\_ Record: \_\_\_\_\_

Opponent Name: \_\_\_\_\_ Record: \_\_\_\_\_

Championship \_\_\_\_\_ Division: \_\_\_\_\_

**SECTION B**

Course Type: Coaching ☐ Corner/Cutman ☐

Course Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_