



Association of Professional Boxing Commissions (APBC) - European Region

59 Holders Hill Avenue, London NW4 1ES, United Kingdom
Tel/Text/WhatsApp: +44 (0)7789 364702 - E.Mail: office@apbcboxing.com

COMMISSION OFFICIALS 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

Referee ☐ Judge ☐ Inspector ☐ Supervisor ☐ Official Recorder ☐ Time Keeper ☐

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 ☐ Championship Contest ☐ Training Course. ☐

Date of Arrival: _____. Date of Departure: _____

Hotel/Accommodation Address for duration of event/championship/course:

_____ Postcode: _____

If Boxing Event/Championship Contest please complete Section A, if Training Course please complete Section B

SECTION A

Date of Event: _____. Promoter _____

Venue: _____

_____ Postcode: _____

If Championship Contest:

Boxer Name: _____ Record: _____

Opponent Name: _____ Record: _____

Championship _____ Division: _____

SECTION B

Course Type: Referee ☐ Judge ☐ Inspector/Supervisor ☐ Recorder/Time Keeper ☐

Course Location: _____

_____ Postcode: _____