



AUTHORISATION TO FIGHT ABROAD

Hatfield Forum East Building
1077 Arcadia Street
Hatfield, Pretoria

Tel: (012) 765-9600
E-mail: mail@boxingsa.co.za

Section 16 of the South African Boxing Act No. 11 of 2001, read with Regulation 16 of the Boxing Amended Regulations, 2005.

To Boxing South Africa:

1. I,, ID. No., hereby apply to Boxing South Africa ("Boxing SA") for authorisation to engage in a fight abroad as follows.
2. The details of the tournament are as follows:

Name of Promoter/Promotion		Contact Person	
Contact Number(s)		E-mail Address	
EVENT DETAILS			
Date:		Country:	



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OPPONENT DETAILS			
Surname		Name (s)	
Country of Origin			
Fight Record	Total Fights: <input type="text"/>	Wins: <input type="text"/>	Losses: <input type="text"/> Draws: <input type="text"/>
Purse Details	Currency: ZAR <input type="text"/> US\$ <input type="text"/> Other <input type="text"/>	Amount:	
Accompanying Manager/Trainer		<input type="checkbox"/> I confirm that the accompanying Manager/Trainer is licensed by Boxing SA.	

Accompanying this application are the following documents: (please tick to confirm)

Medical Report (s): HIV: Hepatitis: MRI: | **Fight Contract:**

I declare that the above information, to the best of my belief and knowledge, is true and correct and that my application is made at least 21 days before my planned departure date. I also release Boxing SA from any and all liability for any loss that may emanate should Boxing SA decline my application should it not meet the minimum requirements as set out in the Boxing Amended Regulations, 2005 and/or should my application not be granted for any other reason(s).

Signature

Date