

Annex A - UKAFBA Certificate of Assurance Application

Boxing Competition Details

Title _____ Date of Event _____

Unit _____ **Versus** Unit _____

Type of Event (please tick or highlight)

<input type="checkbox"/>	A - Mil pers v Civ @ civ	<input type="checkbox"/>	B - Mil pers v Civ @ mil
<input type="checkbox"/>	C - Mil pers only / Civ	<input type="checkbox"/>	D - Civ pers v Civ pers @ Mil
<input type="checkbox"/>	E - Single Service Boxing Event (i.e. Inter Coy/Sqn/Bty or Inter		
<input type="checkbox"/>	F - Cross Service / Inter Service Boxing Event (i.e. Army v Navy or Paras v Marines or RAF v Engineers)		

Venue _____

Boxing Officer / _____

Address _____

Post
Code _____

Ringside _____

Appointed _____

Clerk of the _____

Paramedic Company _____

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

Telephone _____ Mobile No. _____

Please send this application to:

RNBA - navysportrnso5@gmail.com
Army Boxing Association - ABA@ASCB.UK.COM
RAFBA - Boxing.ExecSec@rafsportsfederation.uk