

European Boxing Federation (EBF)

License Application 2007/2008

Full name: _____ DoB: _____ / _____ /19 _____

Address: _____

_____ Company: _____
Title: _____
Phone: _____

Height: _____ ft _____ in Weight: _____ lbs/kg

Previous EBF boxing experience: _____ NO / YES

<u>Type of License:</u>	Boxer	£50.00	<input type="checkbox"/>	*	<i>*please tick</i>
	Jnr Boxer (16-18)	£25.00	<input type="checkbox"/>	*	
	Promotor	£150.00	<input type="checkbox"/>	*	
	Events	£250.00	<input type="checkbox"/>	*	
	Clubs/Assoc's	£250.00	<input type="checkbox"/>	*	

Passport size photo:



Members Signature: _____ Dated: _____

EBF Authorised Sig: _____

EBF Name: _____

EBF Use Only

Form authorised by: _____ Payment received by: _____

Medical Form Received: _____ EBF Membership/License #: _____

EBF License Type: _____ EBF License Expiry Date: _____