



WORLD BOXING ASSOCIATION EUROPE



WORLD BOXING ASSOCIATION
WBA REGIONAL TITLE FIGHT REQUIREMENTS
WBA CONTINENTAL EUROPE TITLE
BOUT SANCTION APPLICATION
REQUESTING PARTIES (hereinafter "APPLICANTS")

Promoter of the Event: _____
Address: _____
Phone: _____ Fax: _____ Email: _____

I. PROPOSED BOUT

(Identify the following and include name, address, phone and fax numbers, and email address for each)

Boxer #1: _____
Current Ranking and/or Status: _____
Manager: _____
Promoter: _____

Boxer #2: _____
Current Ranking and/or Status: _____
Manager: _____
Promoter: _____

Date and Location of Proposed Bout: _____

Titles and/or Recognition at Stake: _____

II. TERMS AND CONDITIONS

Applicant understands that to request WBA sanction of any bout, this form must be accurately and fully completed, signed by the applicants and the participating boxers, and submitted to the WBA. Upon signing below, applicants and boxers certify their agreement to be bound by WBA rules and procedures incorporated herein by reference.

To grant sanction of any bout, the WBA must also timely receive the following:

1. Bout contracts signed by both boxers.
2. Boxer's medical permits from the registered national boxing commission.
3. Boxer's authorizations from the registered national boxing commission.
4. A letter of good standard for both boxers from the registered national boxing commission in charge, confirming that both boxers are medically cleared.
5. Comply with the sanction fees and other conditions as outlined in Appendix "A", attached hereto.

Date: _____

Promoter Representative

Date: _____

Boxer

Date: _____

Boxer