

## ASSOCIATION OF BOXING COMMISSIONS (ABC)

## **Boxer's Federal Identification Card Application**

FEDERAL ID	#		EXPIRATION	I DATE			
FULL NAME	First	Middle		Last			
DATE OF BIF	RTH/_ Month Day	/Year	SOCIAL SE		·		
PLACE OF B	,	r eai		City			
ADDRESS	Country			City	State		
Str	reet	( )	City		Country		
State	Zip code	Phone Number		E-mail			
HEIGHT:	WEIGI	HT:	STANCE (d	heck only 1): R	IGHTLEFT		
HAIR COLOR	R:EY	E COLOR:					
			<u></u>	-4-)			
DISTINGUIS	SHING CHARAC	TERISTICS :( ta	attoos, scars,	etc)			
MANAGER:	 Name			ail or Phone numl	hor		
PROMOTER:							
Name TRAINER:			e-m	e-mail or Phone Number			
	Name		e-m	ail or Phone Num	ber		
AMATEUR E	XPERIENCE: Y	es No	Record _				
		TERMS	AND CONDI	TIONS			
<ol> <li>Boxer Feder two passports</li> <li>Boxer under</li> <li>Any false or</li> <li>The ABC rest</li> <li>Boxer under any disputes</li> <li>Boxer agree issued the interest of the</li></ol>	ert photos and two estands that he/she wi misleading statement serves the right to ame estands that the ABC of sor violations of terms es to abide by these te dentification card.  (or affirm) that the stands application I agree	issued unless an acc forms of ID.  Il not be allowed to f s on this application end these terms and with the cooperation s and conditions for t erms and conditions a attements made on the to be bound by the att any time thereafter	curate and truthful curate and truthful curate and truth the conditions.  In with the Boxing these cards.  In and any other rules and regular may place me of the curate curate curate and regular may place me of the curate cura	al completed application  xer Federal ID Card.  Boxer being placed of  Commission that issues set forth by the ABC  et true and the photogorions of the ABC. If I in no suspension for one	on for ABC Boxer Federal ID  In the National Suspension li  Led the Federal ID Card will  C and the Boxing Commission  Traph attached is a true liken make a false or misleading year. I acknowledge that I heard	st. I settle on that ess of	
ioau, unucioidilu	, and agree to the terr	no and conditions of	THE ADO DOXELL	odorar idontinication C	oura.		
Applicant's Signat	ture	Date		ommission Represer	ntative Date		