



MALTA BOXING COMMISSION

10 Christef Flats, Triq il-Maskli, Qawra, San Paul il-bahar, Malta

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APPLICATION OF MALTA BOXING COMMISSION
LICENSED BOXER TO BOX ABROAD

BOXERS NAME _____

OPPONENT _____

DATE OF CONTEST _____ **ROUNDS** _____

TITLE OF CONTEST _____

CONTENDED WEIGHT _____

NAME OF MANAGER _____

VENUE (City & Country required) _____

**GOVERNING COMMISSION/FEDERATION UNDER WHOSE
JURISDICTION THE CONTEST IS TO TAKE PLACE**

PURSE _____

NAMES OF LICENCE HOLDERS ACCOMPANYING BOXER

DATE OF DEPARTURE _____

Signed _____