

# OBA CLUB SHOW RESULT SHEET

DATE: \_\_\_\_\_

CLUB: \_\_\_\_\_

HOST: \_\_\_\_\_ SITE: \_\_\_\_\_ WEIGH-INS & MEDICALS: \_\_\_\_\_ FIGHT TIME

DOCTOR: \_\_\_\_\_ CHIEF OFFICIAL: \_\_\_\_\_ TIMEKEEP: \_\_\_\_\_

OFFICIALS: \_\_\_\_\_

OFFICIALS: \_\_\_\_\_

COMMENTS/INJURIES/SUSPENSIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOCTOR AT RINGSIDE: \_\_\_\_\_

OTHER COMMENTS \_\_\_\_\_

**BOXER'S NAME**

**TYPE OF INJURY**

**DOCTOR'S RECOMMENDATIONS**

BOXER'S NAME	TYPE OF INJURY	DOCTOR'S RECOMMENDATIONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

