ONTARIO BOXING ASSOCIATION
3863 NORTHWOOD DR.
NIAGARA FALLS, ONT. L2H-2Y5
BUS NO. 905-356-9393

OBA CLUB TRAVEL PERMIT

NO.	WT.	OBA BOXER NAME/CLUB	OPPONENT NAME/CLUB	WINNER NAME/CLUB	RESULT DECISION

DATE OF EVENT

_____

CLUB REQUESTING PERMIT

_____

LOCATION OF EVENT:

_____

OBA APPROVAL:
NAME_____

SIGNATURE_____

RESPONSIBLE EVENT CONTROL OFFICER:
NAME_____

SIGNATURE_____

INJURY REPORT

BOXER	CLUB	RESULT DETAILS	SUSPENSION
NAME_____	_____	_____	_____
NAME_____	_____	_____	_____
NAME_____	_____	_____	_____
NAME_____	_____	_____	_____

A COPY OF THIS PERMIT MUST BE RETURNED TO THE OBA OFFICE WITHIN 7 DAYS FOLLOWING THE EVENT.