



Sanction Application Manitoba Amateur Boxing Association

Last Revised: March 2025

Date of Application: _____ **Date of Competition:** _____

Sponsor/Host Club: _____

Main Contact Name: _____

Phone #: _____ **E-Mail:** _____

Name of Event: _____

Venue Location: _____

Weigh-In & Medicals Location: _____

Time of Weigh-Ins: _____ **Time of Medicals:** _____

Time of Bouts: _____ **Proposed # of Bouts:** _____

**Competitions with more than 12 bouts require a second doctor at the host club's expense. Boxing MB is not liable for any doctor cancellations due to illness, accident, or other unforeseeable circumstances.*

Ring Rental Required? **YES** (additional fees apply) **NO**

**If yes, you must also complete the Ring Rental Application and submit all applicable fees.*

Doctor Fees: Clubs are responsible for paying the event doctor(s). Current rates are below.

Medicals/Weigh-ins are \$250 (2-3 hrs) per doctor. Ringside Services are \$500 (up to 4 hrs) per doctor. Additional fees may apply for events of excessive duration as determined by the doctor on duty. Clubs may prefer to supply their own doctor(s) & negotiate compensation. Doctors must submit their medical license number and contact information to Boxing Manitoba prior to event.

Clubs Contacted/Confirmed:

- Brave Boxing (Dave's Gym) Brickhouse 24/7 Canadian Fighting Center (CFC) Central Boxing
- Eastman Boxing (*Beausejour*) Maulers (*Selkirk*) Minegoziibe (Pine Creek) Pan Am Boxing (PABC)
- Peak Performance (Brandon) Power Boxing Red Warrior (*Peguis*) Underdog Boxing Academy (UBA)
- United Boxing (UBC) WAMMA NextGen Other _____

Completed form and fee of \$150 must be received in the Boxing Manitoba office a minimum of 30 days prior to the competition date. *Make cheque payable to Manitoba Amateur Boxing Association or send e-transfer to info@boxingmanitoba.com.*
See the Sanction Policy for more info.

The Sponsor/Host Club agrees to the aforementioned conditions of the Sanction Request as signed by:

Name of Authorized Signor	Signature	Date

FOR OFFICE USE ONLY: Date paid: _____ Cash/E-transfer/Cheque # : _____

Date received: _____ Primary Doctor: _____

Chief Official: _____ Secondary Doctor: _____