



# WORLD PROFESSIONAL BOXING FEDERATION

## PROMOTIONS APPLICATION FORM FOR WPBF CHAMPIONSHIP CONTESTS

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM.

Official Website: [www.wpbf-usbc.com](http://www.wpbf-usbc.com)

### **APPLICANT'S CONTACT DETAILS**

<b>1. Name of Company</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>2. Name of Promoter/CEO/President</b> <input style="width: 95%; height: 20px;" type="text"/>	
<b>3. Company Address</b> <i>(Number and Street)</i> <i>(Town or City)</i> <i>(State or Country)</i> <i>(Zip/Postal Code)</i> <input style="width: 60%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/>		
<b>4. Contact Details</b> <i>(Office Phone)</i> <input style="width: 95%; height: 20px;" type="text"/> <i>(Official Website)</i> <input style="width: 95%; height: 20px;" type="text"/>	<i>(Office Fax)</i> <input style="width: 95%; height: 20px;" type="text"/> <i>(Office E-mail)</i> <input style="width: 95%; height: 20px;" type="text"/>	<i>(Mobile Phone)</i> <input style="width: 95%; height: 20px;" type="text"/> <i>(Business E-mail)</i> <input style="width: 95%; height: 20px;" type="text"/>

### **PROPOSED EVENT DETAILS**

<b>5. Place of Event</b> <input style="width: 95%; height: 20px;" type="text"/>	
<b>6. Date of Event</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>7. Venue of Event</b> <input style="width: 95%; height: 20px;" type="text"/>
<b>8. Seats of Venue</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>9. Televised</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>10. Title of Bout:</b> <input type="checkbox"/> World (Male); <input type="checkbox"/> World (Female); <input type="checkbox"/> World (Youth); <input type="checkbox"/> Intercontinental; <input type="checkbox"/> International; <input type="checkbox"/> All Americas; <input type="checkbox"/> Africa; <input type="checkbox"/> Asia-Pacific; <input type="checkbox"/> Europe; <input type="checkbox"/> North American; <input type="checkbox"/> Latin American; <input type="checkbox"/> South American; <input type="checkbox"/> Mediterranean;	
<b>11. Weight Division</b> <input style="width: 95%; height: 20px;" type="text"/>	
<b>12. Name of Champion</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>Champion's Record</b> <input style="width: 95%; height: 20px;" type="text"/>
<b>13. Name of Challenger</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>Challenger's Record</b> <input style="width: 95%; height: 20px;" type="text"/>

### **LOCAL COMMISSION'S CONTACT DETAILS**

<b>14. Name of Local Commission</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>15. Name of President/Chairman</b> <input style="width: 95%; height: 20px;" type="text"/>
<b>16. Contact Details</b> <i>(Office Phone)</i> <i>(Office Fax)</i> <i>(Mobile Phone)</i> <input style="width: 95%; height: 20px;" type="text"/>	
<i>(Official Website)</i> <input style="width: 95%; height: 20px;" type="text"/>	<i>(Office E-mail)</i> <input style="width: 95%; height: 20px;" type="text"/>

*I certify that this application form has been completed truly and accurately, to the best of our knowledge. I agree to abide by the Constitution, Rules and Regulations of the WPBF.*

Signature of Applicant

Date