



**Official's Clinic Request Form**  
R/J Workshop

Association: \_\_\_\_\_ LBC #: \_\_\_\_\_ Date: \_\_\_\_\_

Clinician's Name: \_\_\_\_\_ Member #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Clinic Location: \_\_\_\_\_ Date of Clinic: \_\_\_\_\_

**Required LBC Approval**

\_\_\_\_\_  
LBC President

\_\_\_\_\_  
Date

\_\_\_\_\_  
LBC Chief of Officials

\_\_\_\_\_  
Date

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THIS PORTION TO BE FILLED OUT BY USA BOXING MEMBERSHIP SERVICES

**Approved By**

\_\_\_\_\_  
**Clinic Control Number**

\_\_\_\_\_  
**USA Boxing Approval Signature – Membership Services**

\_\_\_\_\_  
**Date**

**NOTE: The Official's Clinic Request Form must be submitted to USA Boxing at least one week in advance of the scheduled clinic. All clinics must be approved by the LBC President and the Chief of Officials.**

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**USA Boxing, Inc.**

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