

BOXING AND OTHER CONTACT SPORTS GAMES AND AMUSEMENTS BOARD

2/F Legaspi Towers 200, Paseo de Roxas
Makati City, Tel. No. (632) 810-51-77

APPLICATION FOR LICENSE

NEW RENEWAL

(Please check the appropriate license for which you are applying)

License No.: _____

<input type="checkbox"/> BOXER/FIGHTER	<input type="checkbox"/> WRESTLER	<input type="checkbox"/> REFEREE	<input type="checkbox"/> JUDGE
<input type="checkbox"/> PROMOTER	<input type="checkbox"/> MANAGER	<input type="checkbox"/> PHYSICIAN	<input type="checkbox"/> ANNOUNCER
<input type="checkbox"/> TRAINER	<input type="checkbox"/> SECOND	<input type="checkbox"/> MATCHMAKER	<input type="checkbox"/> TIMEKEEPER

PERSONAL INFORMATION

NAME: _____ RING NAME: _____ AGE: _____

ADDRESS: _____ PHONE/MOBILE No.: _____

STATUS: _____ HEIGHT: _____ WEIGHT: _____ HAIR COLOR _____ EYE COLOR _____

DATE & PLACE OF BIRTH: _____ CITIZENSHIP: _____ EMAIL: _____

FATHER/MOTHER'S NAME: _____

ADDRESS/CONTACT Nos.: _____

EDUCATIONAL BACKGROUND: (please check) ELEMENTARY HIGHSCHOOL COLLEGE

- | | | |
|---|-----------|----------|
| 1. ARE YOU CURRENTLY UNDER ANY MANAGEMENT OR PROMOTIONAL CONTRACT | _____ YES | _____ NO |
| 2. HAVE YOU BEEN CONVICTED/ACCUSED OF ANY CRIME | _____ YES | _____ NO |
| 3. HAVE YOU EVER BEEN DENIED A LICENSE BY GAB | _____ YES | _____ NO |

(For Ring Officials Only)

- | | | |
|---|-----------|----------|
| 1. HAVE YOU ATTENDED AND SUCCESSFULLY COMPLETED GAB BOXING SEMINARS | _____ YES | _____ NO |
|---|-----------|----------|

(For Boxer Applicant Only):

MANAGER'S NAME: _____ TRAINER'S NAME: _____

HOW LONG HAVE YOU BEEN BOXING PROFESSIONALLY: _____ AMATEUR RECORD: _____

HOW LONG HAVE YOU BEEN TRAINING: _____ FIGHT RECORD: _____

I certify that I have read and understand the rules and regulations pertaining to the license for which I am making application, that all information given is my own, is true and correct to the best of my knowledge. I further understand and agree that any false or misstatements on the application will constitute grounds for revoking or denial of the license. I further agree to abide by all rules and regulations pertaining to the government of boxing and other contact sports in the Philippines.

Signature of Applicant: _____

Date: _____

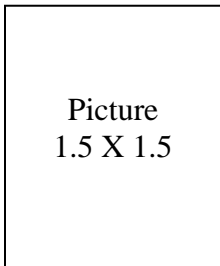
I HAVE PHYSICALLY EXAMINED herein applicant at _____ on _____ 20_____ and hereby certify him/her fit.

(Print NAME/SIGNATURE)

GAB Accredited Physician/PTR No. _____

Clinic Address: _____

Phone/Mobile No.: _____



Picture
1.5 X 1.5

Bill No.: _____

Amount: _____

O.R. #: _____

Cashier: _____

APPROVED/DISAPPROVED:

DATE: _____, 20_____

RECOMMENDING APPROVAL:

DIOSCORO B. BAUTISTA

Chief, Boxing and Other Contact Sports

APPROVED BY:

OFELINA C. RETARDO

Chief Administrative Officer