



Republic of the Philippines  
Office of the President  
**GAMES AND AMUSEMENTS BOARD**

2/F Legaspi Towers 200, Paseo de Roxas, Makati City

**APPLICATION FOR LICENSE (DANCE SPORT)**  
License No. \_\_\_\_\_

License Applied For : \_\_\_\_\_ New  Renewal

Name : \_\_\_\_\_ Nick Name/Alias : \_\_\_\_\_  
(Surname) (First Name) (M.I.)

Home/Office Address : \_\_\_\_\_ Contact Number : \_\_\_\_\_ Gender : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_ Place of Birth : \_\_\_\_\_

Citizenship : \_\_\_\_\_ Civil Status : \_\_\_\_\_ Team Affiliation : \_\_\_\_\_

**Documentary Requirements :**

1. Application Form with Photo
2. Income Tax Return or any Proof of Financial Capacity (Promoter / Manager)

Processed By :

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date

**I HEREBY CERTIFY** that the foregoing information and data together with the attached papers are true and correct. Should this application be approved, I bind myself to uphold and comply with the provisions of the Law governing the sports or games and the rules and regulations promulgated there under, and all resolutions adopted or which may hereunder be adopted by the Board.

Date : \_\_\_\_\_

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

**I HAVE EVALUATED** herein applicant at \_\_\_\_\_ on \_\_\_\_\_, and hereby recommend **APPROVAL /DISAPPROVAL**.

**Medical Requirements :**

1. Drug Test
2. Physical Examination (by GAB Doctor)

\_\_\_\_\_  
Clinic Physician

PTR No. \_\_\_\_\_

Bill No : \_\_\_\_\_

Date : \_\_\_\_\_

License Fee : \_\_\_\_\_

LRF : \_\_\_\_\_

Penalty : \_\_\_\_\_

Total : \_\_\_\_\_

Check No. \_\_\_\_\_

O.R. No : \_\_\_\_\_

Cashier \_\_\_\_\_

**RECOMENDING APPROVAL :**

\_\_\_\_\_  
DIOSCORO B. BAUTISTA  
Chief, Pro Sports Division

**APPROVED BY :**

\_\_\_\_\_  
ABRAHAM KAHLIL B. MITRA  
Chairman