

Stamp



England Boxing Certificate of Advanced Medical Notice

The signatures on this certificate are confirmation that

The (Hospital/Clinic).....

And the.....Ambulance Station

Has been notified that a boxing show is being held

On (date):.....

Time commencing:.....Time completed:.....

At (Address).....Postcode:.....

Organising Club:.....

Region:.....

Club Secretaries Signature:.....

Hospital or Clinic (Stamp or Signature).....Date:.....

Ambulance Station (Stamp or Signature).....Date:.....

This form must be handed to the Supervisor before the event commences