



INTERNATIONAL CLUB EXCHANGE APPLICATION

HOST COUNTRY: USA OTHER : NAME OF COUNTRY: _____

DATE(S) OF BOXING COMPETITION: _____ LOCATION/VENUE: _____

The date the traveling team leaves home: _____ The date the traveling team departs for home: _____

Boxer's Name	Age	Birthdate	Boxer's Address	Int'l Federation or USA Boxing Reg. #	Country or LBC Name

Official/Coach/Parent Name	Address	Int'l Federation or USA Boxing Reg. #	Club Affiliation	Country or LBC Name

Please return at least 14 days prior to the event to:

Membership Services
 USA Boxing, Inc.
 1 Olympic Plaza
 Colorado Springs, CO 80909

Fax: 719-866-2132
 Email: lsmith@usaboxing.org