

Boxing Scotland Ltd

2019-2020 Season Permit form – Application to stage a Boxing Show

Name of Club requesting	
permit	
Show Organiser (Must be	
a member of the club	
above).	
	and the second s
Date of proposed event:	(Please provide evidence of the facility booking. A permit cannot be issued without evidence).
Start and finish times:	
Venue Name, Address &	
Postcode:	
LE L	
Venue Contact (name,	
number, email):	
Mariana Caral	
Maximum Crowd	
Capacity without ring:	
	O C O I LILIA D
Maximum Crowd	
Capacity with ring built:	
Is this a Local Authority	
owned facility?	
Please tick to confirm a	YES NO
copy of the venue's public	125 140



liability insurance has	
been enclosed	
Description of the event:	
Charity Event	VEC NO
	YES NO
If yes, please name your chosen charity, its charity	
number and contact	
details (name, number,	
and email)	
Your clubs working	
officials are:	
Which company will	
provide security at the	
event?	
	CCOTIAND
Please provide SIA	SCUILAND
registration numbers:	
How many stewards will	
be present at the event?	
Please provide the name	
and contact numbers of	
Doctors booked:	



Has a Health and	YES	NO
Safety/risk assessment		
been carried out by either		
the venue of club?		
If yes, please provide a		
copy of this document.		
copy of this document.		
If NO, please enclose a		
copy of the venue's risk		
register with this		
application.		
What size will the ring be		
on the evening of the		
show?		
Who will provide and		
build the ring (name,		
number, phone and		
email)?		
How will the field of play		
be defined and will there	4)	
be clearly identifiable barrier between ringside		
officials and the		
audience?		
Please provide a sketch of		
the planned layout if		
preferred.		
Will alcohol be sold on	7,55	
the evening?	YES	NO
the evening:		
Has your club staged a		
show in this venue		
	İ	



previously? If yes please			
provide a brief summary			
Miles will be designed	1		
Who will be designated Child Protection Office			
on the evening?			
Please provide a brie	f		
description of wha			
changing facilities will be	a		
available to boxers and	t l		
officials:			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Please provide a brie	f		
description of where			
medicals and weigh-ing will be conducted:	5		
will be conducted.			
We hereby confirm that	at the information p	rovided in this application is as fac	tually correct and up
to date as possible.			
We understand that th	is information will be	e checked by Boxing Scotland to er	nsure its accuracy.
We understand and ac	cept that the permit	may be revoked by Boxing Scotland	d at any time at their
sole discretion and wit	hout liability.		
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solely responsible to	the company (Boxir	ng Scotland Ltd) for ensuring the	e proper conduct of
everyone in attendance	e at the event for its	duration.	
Ciara a de	Duint Name	Diti	Data
Signed:	Print Name:	Position:	Date:
Signed:	Print Name:	Position:	Date:
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Signed:	Print Name:	Position:	Date:

