

## Boxing Scotland Ltd Permit Application to host a Box Cup

Name of Club requesting Box Cup permit			Box Cup Organis listed)	Box Cup Organiser (Must be a member of the club listed)		
Proposed dates of Box (Please provide evider without evidence).			idence of the facility bo	lnce of the facility booking. A permit will not be issued		
Start date	1					
End date		Start time		Finish time		
Number of rings	A	Weigh in		Last Bout		
Please detail what measures have been put in place to ensure the Box Cup will be concluded within this time frame.						
		V	enue details:			
Venue Name: Number: Email: Address Postcode:			Policy number for the venue's public liability insurance			
. colocaci						
Venue capacity Please note	Without R	ngs in place	Spectator capacity this will be venue	Without Ring	s in place	
this is the main area where boxing is taking	with Rings	in place	capacity minus boxers, R&J and other personnel		place	
place						
		V	isiting Clubs			
		ETAIL what measu ted with their NGB	res you have put in pl	ace to ensure	that visiting clubs,	







		Description of the Box Cup:			
Please detail what age groups are being included					
Number of weight categories		The maximum number of bouts for each category	The maximum number of event entries		
Is this an open class YES event			If no, please detail what measures have been put in place to ensure Boxer safety is being considered i.e. T&Cs for event		
	No.				
Are visiting Clubs	YES	NO	If no please detail person/s responsible for ensuring		
required to bring R&J?			sufficient R&J are in place to cover the event		
Box Cup Child Wellbeing Officer (CWPO) MUST BE IN ATTENDANCE					
AT BOX CUP Which company will			Plant District Plant		
provide security at the event?			Please provide SIA registration numbers. Please check against the Security Industry Authority  Database		
Must include company name and contact details					
How many stewards will be present at the Box Cup?			Please provide the name/s, contact number/s and GMC registratio n of doctor/s confirmed booked for the Box Cup:		



Are you able to pro	vide a detailed Risk	YES	NO	If NO - please use the
Assessment				space below to explain
7				
No.				
	rief description of wh	at changing		vailable to boxers and officials:
Boxers:			Officials:	
			100	
(4)			100	
A Company of the Comp				
Please include the Bo	ox Cup Risk assessme	ent and veni	ie booking confirma	tion with this permit application.
r ioacc moiacc are B	ox oup their decessions	ont and von	ao booking commina	and that also politic applications
	at the information prov	ided in this	application is as fac	tually correct and up to date as
possible.				
Mo understand that th	hia information will be a	booked by	Daving Coatland to a	nouro ito coouroov
vve understand that tr	his information will be o	спескеа ву	Boxing Scotland to e	nsure its accuracy.
We understand and a	ccept that the permit m	av be revok	ked by Boxing Scotla	nd at any time at their sole discretion
and without liability.		,		
t is agreed that we, we		(name o	f club), will be	
		Scotland L	td) for ensuring the	proper conduct of everyone in
attendance at the Box (	oup for its duration.		CONTRACTOR OF THE PARTY.	
Signed:	Print Name:		Position:	Date:
Signeu.	r iiiit ivailie.		r บอเนบท.	Date.
Signed:	Print Name:		Position:	Date:
Signed:	Print Name:		Position:	Date:

