

Boxing Scotland Ltd Permit Application to host a Club Show/Event

Name of Club requesting Club show/Event permit (for joint shows this will be the lead club responsible for			Club Show/Event Organiser (Must be a member of the club requesting permit)		
the permit detail)					
Proposed dates of event/show:			lease provide evidence of the facility booking. A permit will not be issued ithout evidence).		
Start time					
End time		Start time		Finish time	
		Weigh in		Last Bout	
		V	/enue details:		
Venue Name: Number: Email: Address Postcode:	30		Policy number for the venue's public liability insurance	N	
Venue capacity Please note this is the main area where boxing is taking place Without Ring in place		ice	Spectator capacity this will be venue capacity minus boxers, R&J and other personnel	Without Ring in place with Ring in place	
		\	/isiting Clubs		
If you have Boxers fro place to ensure that v	m out with Scotland	d competing use	se the space below t affiliated with their I	to <u>DETAIL</u> what m	easures you have put in



Club Child Wellbeing Officer (CWPO) name MUST BE IN ATTENDANCE AT SHOW/EVENT Please provide SIA registration numbers. Please check against the Security Industry Authority Database					will provide security at the y name and contact details
Your clubs working official/s are:	Name: Name:				
How many stewards will be present at the event/show?	Trume.		Please provide contact numbe G M C regist of Doctor/s corbooked for the event/show:	r/s and ration nfirmed	
Are you able to provide a detailed Risk Assessment YES			NO		If NO - please use the space below to explain
Please provide a brief of Boxers:	description of what cha	nging faciliti	Officials:		d officials:
		RING	DETAILS		
Ring provider Include name and cont	act details		Ring size		



Please include the Risk assessment and venue booking confirmation with this permit application.

Ring Girls are not permitted at all Boxing Scotland events.

We hereby confirm that the information provided in this application is as factually correct and up to date as possible.

We understand that this information will be checked by Boxing Scotland to ensure its accuracy.

We understand and accept that the permit may be revoked by Boxing Scotland at any time at their sole discretion and without liability.

Signed:	Print Name:	Position:	Date:
Signed:	Print Name:	Position:	Date:
Signed:	Print Name:	Position:	Date:



