

IAB
EVENT OFFICIAL
LICENSE - REGISTRATION FORM



To Register Print out This form & **MAIL** to the **IAB** With Your 2" x 2" Headshot Photo of yourself and your Fee of \$40.00 for ONE Certification & \$20 For Each Additional -Except for REPRESENTATIVE- Add \$5.00 to total If Paying by Visa/MC. Your Fee includes Your IAB Officials Shirt. CREDIT CARDS Will Be Charged Thru Our IAB Graphics Department and Say **FOSTER GRAPHICS** on your statement. FAX: (916) 663-4510

IAB STAFF USE ONLY: SENT: ___/___/___ - REC: ___/___/___ - AMOUNT PAYING: \$ _____

----- "PLEASE PRINT NEATLY" -----

If we cannot read your printing, YOUR REGISTRATION WILL NOT BE ACCEPTED
Registration Forms WITHOUT FEES will be Disposed of.

1. First & Last Name _____ SHIRT SIZE: _____

2. P.O. Box Or Physical Street Number: _____

3. City: _____ State/Prov: _____ Zip/PC: _____ Country: _____

4. Contact Number For Officials Page: (_____) _____

5. You have been APPROVED and or CERTIFIED by the IAB to be an Official IAB:

- _____ **JUDGE ONLY: \$40** - _____ AMATEUR _____ PRO
- _____ **REFEREE ONLY: \$40** - _____ AMATEUR _____ PRO
- _____ **TIMEKEEPER ONLY: \$40**
- _____ **REPRESENTATIVE ONLY: \$100**
- _____ **Combination Certification. \$40 for first + \$20 for each ADDITIONAL.**

6. Please Confirm Certification Below:

- _____ I took an IAB Certification Course.
 - WHEN: _____
 - WHERE: _____
 - IAB INSTRUCTOR: _____
- _____ Due to My Experience I Was Approved without an IAB Certification Course.
 - Who was the IAB Official that Approved You: _____
 - WHEN: _____

7. **MANDATORY FOR WEB LISTING:** E-mail us your headshot photo in a jpg format to info@iabboxing.com

8. I certify the above Is true and I confirm so by my signature here: _____

9. Date: ___/___/___

CREDIT CARDS Will Be Charged Thru Our IAB Graphics Department and Say FOSTER GRAPHICS Please send this Form and Fees to: IAB Attn: OFFICIALS LICENSE - REGISTRATION P.O. Box 1205, 9250 Cypress Street, Newcastle, CA, 95658, USA - (916) 663-2467 - FAX: (916) 663-4510 Registration Forms WITHOUT FEES will be Disposed of. IF PAYING BY CREDIT CARD PRINT NEATLY! CIRCLE OR CHECK ONE: _____ VISA - _____ MASTERCARD		
CC#: _____ PHONE: (_____) _____	AMOUNT PAYING \$ _____	CARD EXP. DATE ___/___/___ 3 DIG SEC CD: ___ - ___ - ___