

England Boxing Tournament Record Sheet

T6 FORM



Name of club:	Association:	Supervisor:
Venue:	Recorder:	Medical officer:

Bout No	Reg No	Name	Club	Pre-Bout Medical Pass / Fail	Won	Lost	Duration of rounds	Weight KG	Male	Female	Bout Type Sch / Jnr / Yth Dev / Eli	RESULT							Rest Period
												PNTS Pts (U) / Pts (Sp)	KO	RSC (B/H/I)	ABD / Retired	NC	DQ	W/O	
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			

This form must be completed in **BLACK INK** and signed by either the Supervisor or the Medical Officer

Signed: Print: Designation: Date:

Bout No	Referee	Judges					TK
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Referee and Judges		Time Keepers
1	21	1
2	22	2
3	23	3
4	24	4
5	25	5
6	26	6
7	27	7
8	28	8
9	29	Evaluators
10	30	1
11	31	2
12	32	3
13	33	4
14	34	5
15	35	6
16	36	7
17	37	8
18	38	9
19	39	10
20	40	11