

**The Max Fitness Centers Saturday Night Showdown
Amateur Boxing Match
OFFICIAL'S REGISTRATION FORM**

Name:

(last) (first) (middle)

Address _____

City: _____ State: _____ Zip: _____

Telephone: Cell: _____ - _____ - _____

Date of Birth: _____ Age _____

Email: _____

Physical Restrictions:

(PLEASE CIRCLE CHOICE) Do you wish to serve as:

Referee Judge Timer Knockdown Judge Other (please explain below)

How long have you been acting in the capacity of:

Judge Referee _____

Timer _____

Knockdown Judge _____

List major bouts, amateur tournaments, you have officiated in during the past five (5) years:

EVENT WHERE WHEN

(___) I will be able to work entire event

RETURN FORM TO:

THE MAX FITNESS CENTER

300 W BRAASCH AVE

NORFOLK NE 68701 OR EMAIL: jmarti76@yahoo.com