

INTERNATIONAL BOXING FEDERATION



OFFICE OF THE PRESIDENT

899 Mountain Ave., Suite 2E ■ Springfield, NJ 07081

Phone: 973-564-8046 ■ Fax: 973-564-8751

www.ibf-usba-boxing.com

OFFICE OF ATHLETICS

Title Fight Disclosures

Required Disclosures by a Sanctioning Organization to the Office of Athletics

(Required by Section 12 of the Muhammad Ali Boxing Reform Act)

NAME OF THE SANCTIONING ORGANIZATION: _____

DATE OF EVENT: _____

LOCATION OF THE EVENT: _____

As a representative of the above named Sanctioning Organization, I hereby affirm that the following represents all charges, fees and costs that our sanctioning organization will assess on the following boxers:

NAME OF BOXER	ALL COSTS THAT WILL BE ASSESSED ON THIS BOXER
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____

I also hereby affirm that the following monies represent all payments, benefits, complimentary benefits, and fees that the above named Sanctioning Organization received for its affiliation with the above event from the Promoter, host of the event and all other sources.

AMOUNT RECEIVED	RECEIVED FROM
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____

The undersigned hereby affirms the statements made herein are true and correct to the best of my information, knowledge and belief.

Signature of Sanctioning Organization Representative

Date