

WBA ASIA BOXING ASSOCIATION (WBA ASIA)



SUPERVISOR'S REPORT

- Submit along with master scorecard -



VS

_____			_____		
(Nationality)			(Nationality)		
_____			_____		
Weight:	lbs /	kg	Weight:	lbs /	kg
_____			_____		

Title (Division) _____

Title Date _____ City, Country _____

Promoter _____

Commission _____

Medical Check-up YES / NO Doctor name _____

Belt YES / NO Gloves YES / NO

Rules Instruction YES / NO Broadcaster _____

Bandage check time / Start time _____ / _____

#Name handwriting for joining Weigh-In and confirming to understand WBA ASIA contest rules.

Champion _____ Challenger _____

Referee _____ Judge 1 _____

Judge 2 _____ Judge 3 _____

Commissioner _____ Supervisor _____

Physician _____ Date/Place _____
