

POST EVENT REPORT

GENERAL

1. Date of the event: **M** ___ / **D** ___ / **Y** ___
2. Sanctioning club: _____
3. Location of event: _____
4. Matchmaker: _____
5. Supervisor : _____
6. Doctor's name: _____
7. Announcer: _____
8. Time Keeper: _____
9. Referees/Judges:
- | | | | |
|----------|-------------|----------|-------------|
| 1. _____ | Level _____ | 4. _____ | Level _____ |
| 2. _____ | Level _____ | 5. _____ | Level _____ |
| 3. _____ | Level _____ | | |
10. Referee/Judges-in-training:
- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
|----------|----------|----------|
11. Officials conducting weigh in
- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

BOXERS

Did all Boxers: 1. Possess a valid passbook with current registration 2. Weigh -in and have weight recorded 3. Complete Pre- bout Medical 4. Arrive within specified time for weigh-ins and medicals	Yes _____ If No _____ (Please provide details) _____ _____ _____
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DOCTOR / MEDICALS

Did the Doctor: 1. Record pre-bout medical info into passbooks of boxers and referees 2. Sign Medical forms 3. Sign Results Sheet 4. Conduct post- bout examinations 5. Remain at Ringside during all bouts	Yes _____ If No _____ (Please provide details) _____ _____ _____
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OFFICIALS

Did the Officials: 1. Possess a valid passbook & registration number 2. Complete a medical if a referee 3. Verify coaches cards and / or registration number 4. Record weights and initial in boxers passbooks 5. Insure boxers equipment – headgear, gloves and attire meets Boxing Ontario Standards for the bout	Yes _____ If No _____ (Please provide details) _____ _____ _____
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VENUE CONDITIONS	
1. Were there adequate dressing rooms	Yes _____
2. Were there adequate warm up areas	If No _____ (Please provide details)
3. Was the music at acceptable levels and content	_____
4. Was the lighting at an acceptable level to meet safety standards	_____
5. Were weigh in and medical rooms private and out of view of public and opposite gender	_____

TECHNICAL	
Condition of the Ring - Good / Fair / Poor Condition of the Gloves - Good / Fair / Poor Type of scales used Digital / Bathroom / Other	Comments _____ _____ _____
Number of Clubs Competing _____ Number of Boxers Weighed in _____ Number of Boxers Matched _____	Comments _____ _____ _____
Number of Bouts _____ Exhibitions _____ Decisions: WP ___ TKO ___ TKOI ___ KO ___ DQ ___	Comments _____ _____ _____
Number and type of Injuries	Comments _____ _____
Number of Spectators _____	
Was Media in Attendance? Yes / No Whom? _____	
Was Alcohol Served? Yes / No Company? _____	

Issues to be Resolved before Next Club Show.

I hereby agree that I have read and fully understand the contents of this report as discussed the Supervisor.

Club Representative

Signature

Date

Report Completed By:

(Print Name)

Signature

Date