



Malta Boxing Association

c/o 5, Camelia Street, Hamrun. HMR1700
Malta

Email: maltaboxingsec@gmail.com

www.maltaboxingassociation.org

BOXER - COACH AGREEMENT FORM

SECTION A – TO BE COMPLETED BY THE BOXER			
DATE OF APPLICATION			
BOXER'S FIRST NAME			
BOXER'S SURNAME			
GENDER	MALE	FEMALE	DATE OF BIRTH / /
ADDRESS			
	POSTCODE		
PHONE NUMBER/S			
EMAIL			
I.D CARD / PASSPORT	(Photocopy is required)		
Signature of Boxer:	I declare that I have no present contract in effect with any other Coach registered with the MBA.		

SECTION B: TO BE FILLED BY THE COACH WHOM THE BOXER IS BEING REGISTERED WITH (COACH MUST HAVE A VALID MBA LICENSE)	
COACH'S NAME & SURNAME	
DATE OF BIRTH	
ADDRESS	
	POSTCODE:
PHONE NUMBER/S	
EMAIL	
I.D CARD / PASSPORT	(Photocopy is required)
I the undersigned hereby declare that I am assuming duties as coach of the above mentioned boxer.	
Signature: Date: / /	

IMPORTANT: Any contracts signed between Boxer and Coach will not be endorsed and/or recognized by the MBA unless such contract is registered with the MBA.

The Boxer has the right to move with any Club or Coach at any time unless there is a Contract in effect which is registered with the MBA. Any such movements must be applied for with the MBA.

To be filled by the Malta Boxing Association

Date received: / /

Secretary's Signature:



A non-profit organisation members of: European Boxing Union



World Boxing Council



Malta's Council for Sport