



Malta Boxing Association

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

Email: maltaboxingsec@gmail.com

www.maltaboxingassociation.org

CLUB/GYM - BOXER RELEASE FORM

(Only to be filled if there is an agreement between both registered with the MBA)

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:			MBA Official Witness Name & Signature

SECTION B: TO BE FILLED BY THE DIRECTOR/OWNER OF THE GYM/CLUB	
NAME OF CLUB / GYM	
DIRECTOR/OWNER'S NAME & SURNAME	
ADDRESS	
	POSTCODE:
PHONE NUMBER/S	
EMAIL	
I.D CARD / PASSPORT	(Photocopy is required)
I the undersigned hereby declare that the above mentioned boxer has been released by our Club/Gym and therefore terminating any present agreement/contract between us.	
MBA Official Witness Name & Signature	
Signature:	Date: / /

ALL SIGNATURES MUST BE MADE IN THE PRESENCE OF AN MBA OFFICIAL

<u>To be filled by the Malta Boxing Association</u>	
Date received: / /	Secretary's Signature:



A non-profit organisation members of: European Boxing Union



World Boxing Council



Malta's Council for Sport