



Who's Who in USA Boxing Application Form

Name: _____ Date of Birth: _____
 Address: _____ Email: _____
 City, State, Zip: _____ Home Phone: _____
 LBC: _____ Work Phone: _____

1. Purchase Order - Please fill out one (1) application form, per entry (payment must be enclosed)

¼ Page		½ Page		Full Page		Publication	
<input type="checkbox"/>	\$55 – with publication	<input type="checkbox"/>	\$70 – with publication	<input type="checkbox"/>	\$95 – with publication	<input type="checkbox"/>	\$25/book
<input type="checkbox"/>	\$35 – without publication	<input type="checkbox"/>	\$50 – without publication	<input type="checkbox"/>	\$75 – without publication		# of books
If you choose the ¼ Page, requirements include: - photo - 150 words of text - payment		If you choose the ½ Page, requirements include: - photo - 300 words of text - payment		If you choose the Full Page, requirements include: - photo - 600 words of text - payment		If you choose to purchase just the publication, please include: - payment	

2. Total Enclosed Payment: \$ _____

3. Please mark affiliation of the participant's biography to USA Boxing:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Athlete | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Official/Judge/Referee | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Memoriam | <input type="checkbox"/> Other _____ |

4. Please send (1) payment, (2) completed Application Form, (3) typed biographical information and (4) photo, to:

USA Boxing Who's Who in Amateur Boxing
 1 Olympic Plaza
 Colorado Springs, CO 80909

Please note that in the event that USA Boxing is unable to collect enough applications and payments, the publication will not print, and all monies will be returned. **DEADLINE IS JUNE 30!!