



JAPAN BOXING COMMISSION

CO; Tokyo Dome 61-3, 1-Chome, Koraku,
Bunkyo-ku, Tokyo, Japan
Postcode : 112-8575

FIGHT RESULT

Dear Local Commission member,

Please fill out this form and back to the boxer's manager or fax to us together with a copy of the concentration score sheet of this fight.

Japan Boxing Commission

Place of the contest (Country, City & Arena)		
Date of the contest (mm/dd/yyyy)		
Title or Contract weight		
Round		
Round		
Name of Boxer	Nationality	Weight
Name of Opponent	Nationality	Weight
Result W <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> NC <input type="checkbox"/> KO <input type="checkbox"/> TKO <input type="checkbox"/> DEC <input type="checkbox"/> Rounds _____ M S Judges' Scores name <input style="border: 1px dotted black; width: 60px; height: 20px;" type="text"/> - <input style="border: 1px dotted black; width: 60px; height: 20px;" type="text"/> - <input style="border: 1px dotted black; width: 60px; height: 20px;" type="text"/>		
Medical comments		
Suspension (If necessary) days		
Doctor's signature		
Local Commission member's Signature		

We appreciate your cooperation.

Tel ; +81-3-3816-5761, Fax ; +81-3-3816-5760, E-mail ; inquiry_jbc@jbc.or.jp