

COMPETITION RESULT SHEET - RESULTATS

Competitor: _____ Date: _____

Location/lieu: _____ Organizer/Organisateur: _____

Official In Charge/Responsable des Officiels: _____

| Bout # Combat | KG | Name/Nom | Repres. | Name/Nom | Repres. | WINNER GAGNANT | Decision |
|------------------|----|----------|---------|----------|---------|-------------------|----------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |

INJURY REPORT / RAPPORT DES BLESSURES

| Boxer / Boxeur | Type of Injury / Genre de blessure | Rest Period / Repos |
|----------------|------------------------------------|---------------------|
| | | |

Medical Officer in Charge / Signature du médecin: _____