

INSTITUTION ELIGIBILITY CERTIFICATE

"We, the undersigned, certify that we will uphold the rules and regulations of the NCBA."	
Club President	Coach
Name:	Name:
Address:	Address:
Phone: E-mail:	Phone: E-mail:
Signature:	
Date:	Date:
Faculty Advisor	Director of Club Sports
Name:	Name:
Address:	Address:
Phone: E-mail:	Phone: E-mail:
Signature:	
following:	Date: orized to represent the Institution, must affirm to the
"I, the undersigned, certify that the officially recognized campus organization	for the (Institution) Boxing Club is an school year."
Signature:	Date: Place Office

Institutional Seal or Above Statement on Official Letterhead Must Appear