Amateur Boxing Alliance

LONDON AMATEUR BOXING ASSOCIATION 122 Broad Walk, Kidbrooke, London, SE3 8ND

Annual Registration Form – season 2025/26

Registration Fees: £220

£ 150 Amateur Boxing Alliance of England Affiliations + £ 70 London A.B.A

C	oach: £20	Boxers: £20	New Boxers	£20 Officials / \	/olunteer's £20	
NA	ME OF CLUB	:				_
Clu	ıb Address: _					_
Ро	st Code:		Emai	l:		_
Tel	lephone no:					
<u>OF</u>	FICIALS/COAC	H NAME	ТҮРЕ	<u> </u>	EGISTRATION	
Sec	cretary:					_
<u>Co</u>	<u>ach</u> :					
<u>Vo</u>	lunteer :					_
<u>LA</u>	NYARDS WILL	NOT BE ISSUE	D WITHOUT A V	/ALID DBS AND FIRST	-AID CERTIFICATE	
	Membership	regi	stration fee	No. Registered	Total	
	CLUB	£22	0.00		£	
	OFFICIAL	£20	.00		£	
	COACH	£20	.00		£	
	BOXERS	£20	.00		£	
				GRAND TOTAL	£	
DA	TE:					

LONDON AMATEUR BOXING ASSOCIATION

DIRCTORY INFORMATION

PLEASE ENSURE THAT THE FOLLOWING INFORMATION IS CORRECT AS IT IS ENTERD INTO THE LABA CLUB DIRECTORY FOR DISTRIBUTION TO OTHER CLUBS AND ASSOCIATIONS.

ALL SECTIONS MUST BE FILLED IN

PLEASE COMPLETE IN CAPITAL LETTERS- POST CODES MUST BE INCLUDED

(All clubs must have an email address in order for us to contact you in the coming season)

NAME OF CLUB						
ADDRESS OF CLUB						
POST CODE						
TELEPHONE No. AT CLUB	Email address					
NAME OF CLUB SECRETARY						
ADDRESS OF CLUB						
POST CODE						
TELEPHONE NO.	_ EMAIL ADDRESS					
NAME OF COMPETITION SECRETARY (senior/junior)						
ADDRESS						
POST CODE						
TELEPHONE No.	EMAIL ADDRESS					
NAME OF WELFARE OFFICER						
ADDRESS						
POST CODE						
TELEPHONE No.	EMAIL ADDRESS					

All sections must be filled in.

ALL ABOVE MUST BE REGISTERD AND WITH CRB DISCLOSURE

This form is for the Annual Affiliation of Amateur Boxing Clubs 2025/26

If you do not enter the full address and post code and an e-mail address this form will be returned to you as incomplete

Club Name :							
Division :							
Club Address:							
Post code:							
Secretary's Name:							
Address:							
Post Code:							
Mobile:							
Email Address :							
Please return this form and make any cheques payable to the: London A.B.A							
or							
Pay by Bacs (please quote club name on payment reference)							
SORT CODE: 50-10-29 Account No: 20050461							
All completed forms email to:							
Or via Post to :	Post to: 122 Broad Walk, Kidbrooke, London, SE3 8N						

Current 2025/2026 SEASON

ALL MEDICAL CARDS FOR SEASON 2025/26 AND ALL NON-ACTIVE BOXER CARDS TO BE RETURNED THE LONDON REGISTRAR.

Ron Philipson 44 Prince Regent Lane

Plaistow

London

E13 8QQ

Pay by Bacs (please quote club name on payment reference)

SORT CODE: 50-10-29 Account No: 20050461