

# Officials' Assignment Record / Formulaire d'assignation des officiels

Ring number / Event /  
 No de surface de combat: \_\_\_\_\_ Evenement: \_\_\_\_\_ Date: \_\_\_\_\_ Page \_\_\_\_ of / de \_\_\_\_

| Match # / # de combat                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Fighter / combattant<br>Chung (blue / bleu) | Country, province or club<br>Pays, province, ou club |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fighter / combattant<br>Hong (red / rouge)  | Country, province or club<br>Pays, province, ou club |  |  |  |  |  |  |  |  |  |  |  |  |  |

| Referee's name /<br>Nom d'arbitre | Ref level /<br>Certification | Country, province or club<br>Pays, province, ou club |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------|------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                   |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |