



HNEFALEIKASAMBAND ÍSLANDS  
ICELANDIC BOXING FEDERATION

<b>KEPPNISSKÝRSLA</b> <b>Competition report</b>							
Félag: Host/club:			Dags: Date:				
Staður: Place:			Áhorfendur: _____ Audience:				
Ábyrgðarmaður: Person responsible:			Verð aðgöngumiða: _____ Ticket prize:				
			Seldir miðar: _____ Sold tickets:				
<b>DÓMARAR</b> JUDGES		<b>FÉLAG</b> CLUB		Hringdómari Referee	Stigadómari Judge		
<b>SLYSASKÝRSLA</b> INJURY REPORT				<b>Tegund slyss:</b> Kind of injury:			
<b>Nafn:</b> Name:		<b>Félag:</b> Club:		KO body	KO	RSCH	Keppnisbann Suspension
<b>No injuries</b> <input type="checkbox"/>							



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**Úrslit leikja:**

Results:

Leikur nr.: Bout no.:	Nafn: Name:	vs	Nafn: Name:	Úrslit: Score:
<b>1</b>		vs		-
<b>2</b>		vs		-
<b>3</b>		vs		-
<b>4</b>		vs		-
<b>5</b>		vs		-
<b>6</b>		vs		-
<b>7</b>		vs		-
<b>8</b>		vs		-
<b>9</b>		vs		-
<b>10</b>		vs		-
<b>11</b>		vs		-
<b>12</b>		vs		-
<b>13</b>		vs		-
<b>14</b>		vs		-
<b>15</b>		vs		-

**Athugasemdir:**

Comments:


\_\_\_\_\_  
Undirskrift ábyrgðarmanns – Person responsible

\_\_\_\_\_  
Undirskrift læknis – Doctors signature