

# ATHLETE REPLACEMENT FORM

## European Boxing Road to Tokyo



Please write clearly in CAPITAL LATIN LETTERS

Country  NOC Code  Date (dd.mm.yy)

### A. Replacement Athlete

Family Name (as appears on Passport)  Date of Birth (dd.mm.yyyy)

Given Name  Gender  Male  Female

### B. Athlete being replaced

Family Name (as appears on Passport)  Date of Birth (dd.mm.yyyy)

Given Name  Gender  Male  Female

Reason for replacement  Medical condition  Retirement Weight Category

### C. NOC or National Federation representative

Attached supporting documents  Medical certificate  Replaced Athlete Consent  NOC request

NOC or National Federation representative name  NOC or NF representative signature

### D. IOC Boxing Task Force comments

Comments

Decision  Approved  Rejected BTF representative signature  Date (dd.mm.yy)