

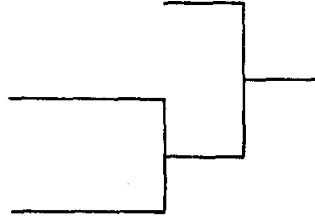
บทที่ 10
การจัดคู่แข่งชั้นและการบาย

จำนวนนักมวย จำนวนคู่รอบแรก จำนวนบาย

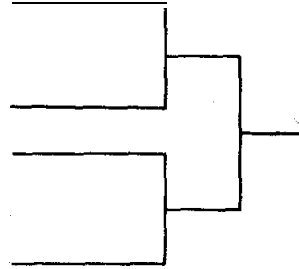
3	1	1
4	2	
5	1	3
6	2	2
7	3	1
8	4	
9	1	7
10	2	6
11	3	5
12	4	4
13	5	3
14	6	2
15	7	1
16	8	
17	1	15
18	2	14
19	3	13
20	4	12

សម្រាប់ប្រើប្រាស់ក្នុងការសិក្សា

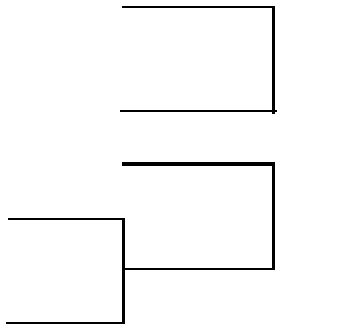
3 កម



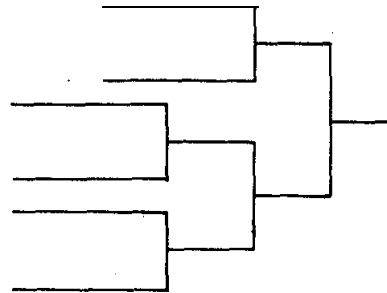
4 កម



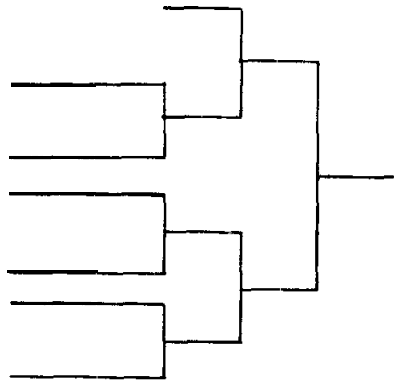
6 កម



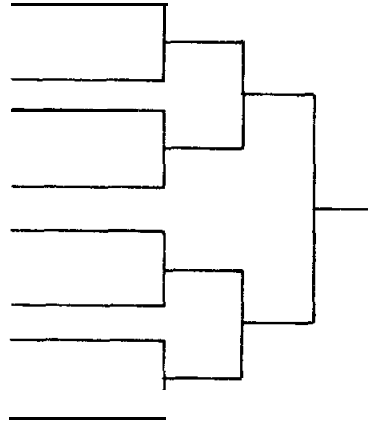
6 កម



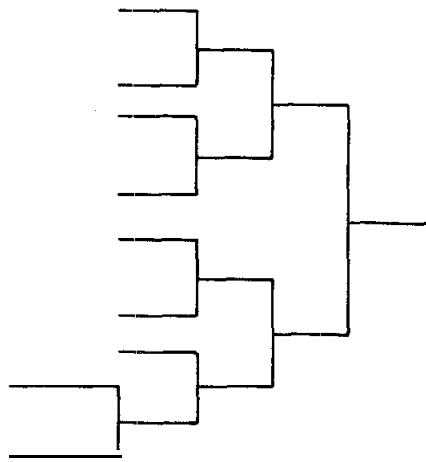
7 คน



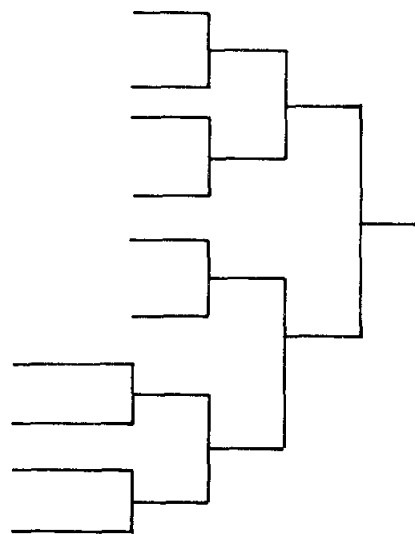
8 คน



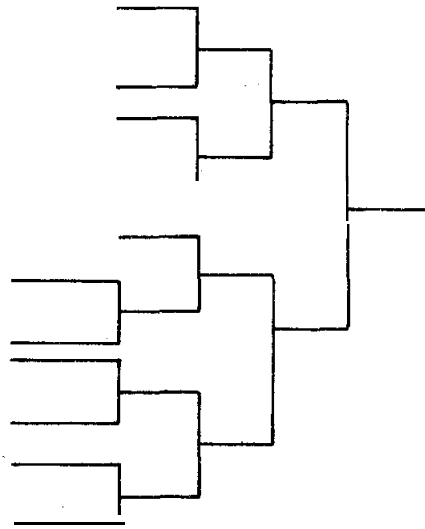
9 คน



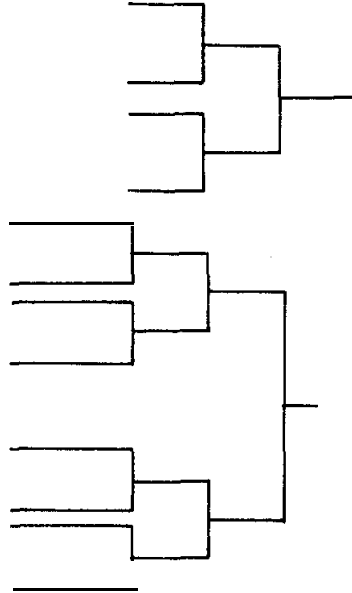
10 คน



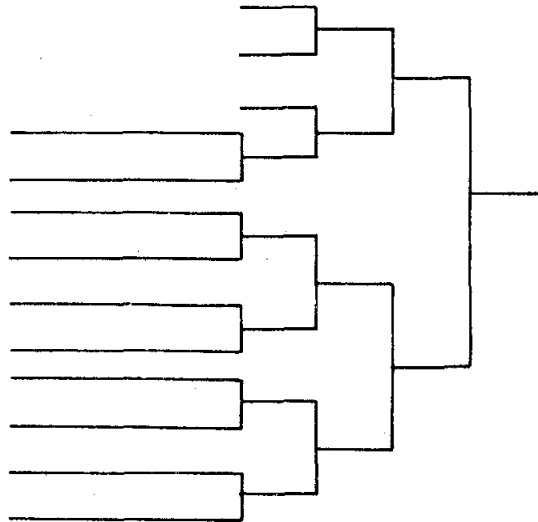
11 flu



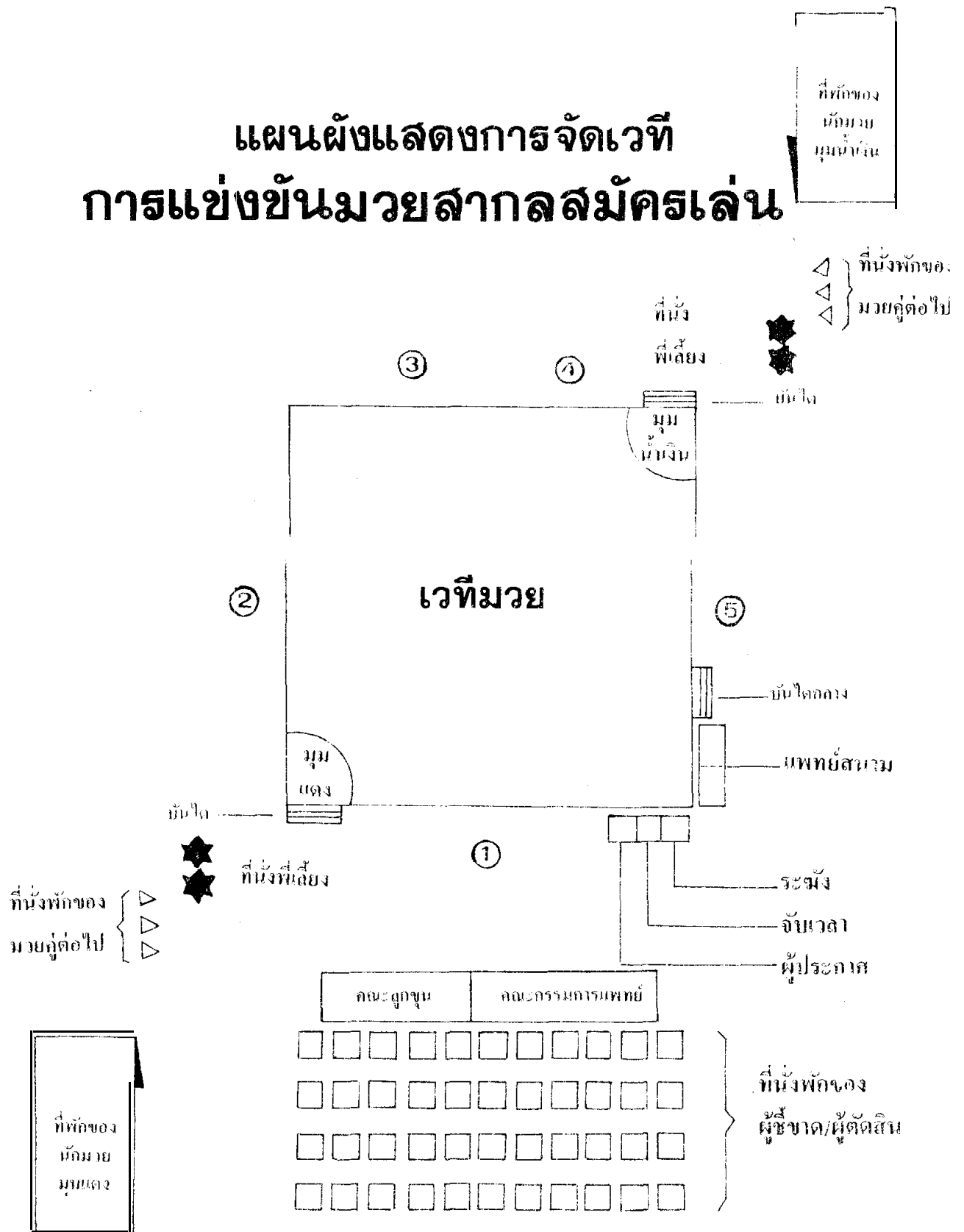
12 ภูมิ



13 ภูมิ



แผนผังแสดงการจัดเวที การแข่งขันมวยสากลสมัครเล่น



SCORE CARD

Bout no.	Weight category	Kgs.
----------	-----------------	------

Date

Referee	Country
Judge	Country

A			B		
Boxer's name			Boxer's name		
Country			country		
Cautions and warnings	Points	Round	Points	Cautions and warnings	
		1			
		2			
		3			
TOTAL			TOTAL		

Remarks in case of **tie**

For most leading off
 For showing better style

For showing **better** defense

Others

Red

WINNER

Blue

Country

Country

	H	B									Round		
W.P.	K.O.	Disq.	Ret.	R.S.C.H.	R.S.C. injury	R.S.C. out Class	R.S.C Ct.L.	W.O.	N.C.		1	2	3

Signature of judge

DEPARTMENT OF PHYSICAL EDUCATION AMATEUR BOXING

JUDGES' SCORE

Bout No.....

NAME (Country)	CORNER	JUDGES' NUMBER					RESULT
		1	2	3	4	5	
	Red						
	Blue						
REMARK: Put X in 0 when points are equal.	Red	○	○	○	○	○	
	Blue	○	○	○	○	○	

Jury's Signature

Bout No



KING'S CUP AMATEUR BOXING TOURNAMENT BANGKOK, THAILAND.

DECISION

W.P.

K.O.

 H B

WINNER

NATION	
--------	--

NATION	
--------	--

Disq.

Ret.

R.S.C. :

 injury H Out Class Ct.L.

w.o.

No Contest

Round	1	2	3
-------	---	---	---

.....
Jury's Signature



**KING'S CUP
BOXING TOURNAMENT
BANGKOK, THAILAND.**

MEDICAL CHECK AND WEIGHT -IN

WEIGHT CATEGORY

NO.	NAME	COUNTRY						
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
MEDICALS SIGNATURE-- _____								
SCALES SIGNATURE _____								

REMARKS :

- / PASS
- X NOT PASS

ORGANIZING COMMITTEE



WEIGH-IN CONTROL & MEDICAL TEST

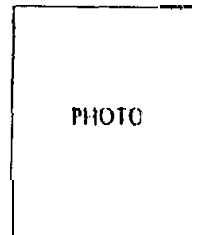
NAME _____

WEIGHT CATEGORY _____

TEAM/ _____

COUNTRY _____

DATE OF BIRTH _____



✓ : Passed X : Not Passed

DATE	MEDICAL TEST	SIGNATURE (OF PHYSICIAN)	WEIGH-IN	SIGNATURE (OF WEIGH-IN OFFICIAL)

Note: This card must be retained by The Team Manager and produced at the weigh-in each day on which this competitor is due to box. Besides the competitor must be ready to show if required, both at the weigh-in and at ringside. This King's cup Amateur Boxing Tournament Identity Card bearing his photograph.