Hnefaleikasamband Íslands
Icelandic Boxing Federation

KEPPNISSKÝRSLA
Competition report

Félag: Host/club:	Dags: Date:
Staður: Place:	Áhorfendur: _____ Audience:
Ábyrgðarmaður: Person responsible:	Verð aðgöngumiða: _____ Ticket prize:
	Seldir miðar: _____ Sold tickets:

DÓMARAR JUDGES & REFEREES	**FÉLAG** CLUB	Hringdómari Referee	Stigadómari Judge

SLYSASKÝRSLA INJURY REPORT	**Tegund slyss:** Kind of injury:	

Nafn: Name:	**Félag:** Club:	KO body	KO	RSCH	Keppnisbann Suspension

No injurys ❑	

Hnefaleikasamband Íslands
Icelandic Boxing Federation

Úrslit leikja:
Results:

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

Athugasemdir: Comments:

_____

Undirskrift ábyrgðarmanns – Person responsible

_____

Undirskrift læknis – Doctors signature