



## BOXING BC TRAVEL APPLICATION FORM

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PLACE OF COMPETITION \_\_\_\_\_

NAME OF COMPETITION \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

DATE(S) OF TRAVEL \_\_\_\_\_

TEAM COACH \_\_\_\_\_ REG # \_\_\_\_\_ NCCP # \_\_\_\_\_

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ATHLETE NAME \_\_\_\_\_ REG # \_\_\_\_\_ D.O.B. \_\_\_\_\_

CLUB OF ATHLETE: \_\_\_\_\_

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ATHLETE NAME \_\_\_\_\_ REG # \_\_\_\_\_ D.O.B. \_\_\_\_\_

CLUB OF ATHLETE: \_\_\_\_\_

Coach Applicant (Signature) \_\_\_\_\_ Date of Application \_\_\_\_\_

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Approved by the Executive \_\_\_\_ Yes \_\_\_\_ No