

PERMISSION TO BOX ABROAD

Please complete the form below and return to the ARMY BA Office together with the attached names list.

NAME OF ENGLAND BOXING CLUB / ASSOCIATION:			
NAME OF FOREIGN CLUB / ASSOCIATION:			
COUNTRY:			
NAME & VENUE/S FOR TOURNAMENT			
DATE/S OF TOURNAMENT			
DATE TEAM DEPARTS ENGLAND			
DATE TEAM ARRIVES HOME			
NUMBER OF BOXERS & SUPPORT STAFF	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 50px; height: 20px;"></td><td style="width: 50px; height: 20px;"></td></tr></table>		
NUMBER OF CONTESTS PER BOXER (i.e. ONE OR TWO)			
Name & Role of Person responsible for team (Boxing Officer)			
Telephone Number – Email -	Signature		
<u>Regional Association Secretary Declaration</u> I confirm that all boxers named on the list of names have valid medicals, all coaches and/or officials have valid CRB's and all delegates named are registered with ENGLAND BOXING for the current season. I understand that full permission cannot be granted until Travel Insurance Documentation has been provided			
Signed (Regional Association Secretary)	Date		

PERMISSION TO BOX ABROAD – NOMINAL ROLL

NAME OF UNIT / ASSOCIATION:

DATE/S OF TOURNAMENT:

NAMES OF BOXERS		NAMES OF SUPPORT STAFF / OFFICIALS	
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	