



BOXING CANADA
INTERNATIONAL TRAVEL PERMIT

Place of Competition	State or Country	Date of Competition	Name of Competition	Name of Contact Abroad

Team Manager:	_____	Registration #:	_____
Coach:	_____	Registration #:	_____
Coach:	_____	Registration #:	_____
Official:	_____	Registration #:	_____

Athletes Name	Date of Birth	Club Name	Registration #

Provincial Association: _____ Approved by **Boxing Canada**

Approved by: _____ Name: _____ Title: _____