



***Boxing New Brunswick Boxe, Inc.***

**International Travel Permit Application**

Place of Competition	Province / State or Country	Date of Competition	Name of Competition	Name of Contact Person Abroad

Team Manager: \_\_\_\_\_ CABA Registration #: \_\_\_\_\_  
 Coach: \_\_\_\_\_ CABA Registration #: \_\_\_\_\_  
 Coach: \_\_\_\_\_ CABA Registration #: \_\_\_\_\_  
 Official: \_\_\_\_\_ CABA Registration #: \_\_\_\_\_

Athlete Name	Weight (kg)	Date of Birth (m/d/yr)	Name of Club	CABA Registration #

Approved by Provincial Association:		Approved by Boxing Canada (C.A.B.A.):	
Name of Applicant:		Signature:	
Address:	Phone:	Title:	

\* Photocopy form for additional team members.

Submit to: Boxing New Brunswick Boxe, 60 Gifford Road, Saint John, NB, E2M 5K8  
 Boxing Canada (C.A.B.A.) 888 Belfast Road, Ottawa, Ontario, K1G 0Z6