



Boxing BC Association

PO Box 23065, RPO11, Prince George, BC V2N 6Z2
Phone: 250-564-7750 | Fax: 250-564-7782 | information@boxing.bc.ca

To: Parent / Guardian

From: _____
NAME OF BOXING CLUB

Re: _____
NAME OF BOXING EVENT

Your son / daughter has been selected to represent the _____ Boxing Club as he / she meets all training and basic fitness requirements to qualify to compete in this up-coming boxing event.

The event is being held in _____ on _____.
CITY AND PROVINCE OR STATE DATE

To make this event, we have scheduled our travel times as _____ to _____ inclusive.

Travel and accommodation arrangements have been made and paid for by the boxing club. We will be staying at _____. The phone number is _____.
HOTEL / MOTEL NAME

Your son / daughter will be responsible for his / her own spending monies.

If you have any questions, please do not hesitate to contact:

_____ at _____
Or _____ at _____
NAME AND PHONE NUMBERS OF CLUB COACHES

In order to confirm that your son / daughter has your permission to travel and to compete in this event, we require the following to be completed and returned prior to the departure date:

I, _____, **give permission for my son / daughter**
PARENT / GUARDIAN'S NAME
_____ **to attend the** _____
BOXER'S NAME EVENT NAME

as outlined above on _____ **inclusive.**
DATES

PARENT / GUARDIAN'S SIGNATURE

DATE SIGNED