CANADIAN AMATEUR BOXING ASSOCIATION
L'ASSOCIATION CANADIENNE DE BOXE AMATEUR

International Travel Permit

Place of Competition	State or Country	Date of Competition	Nom of Competition	Name of contact abroad

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

Athletes name	Date of birth	Club Name	Registration #

Provincial Ass.____

Aproved by_____

Approved by **Canadian Amateur Boxing Association (Boxing Canada)**

Name_____ Title_____