



REGISTRATION FORM

Address:-
Boxing Awards (Registration)
PO BOX 878 Southsea Hampshire PO1 9HG

Applicants Details

Full Name:
Date of birth:
Address:
.....
Post Code:
Tel Number:
Email:

Sex Male Female

Disabled Yes No

Ethnic Origin

Caribbean Asian African Black-Other White European White Other

Course Information

Region Date of Course

Course venue (City)

I hold an in date First Aid Certificate
Yes No

First Aid Certificate Dated Expires

CRB Check

Date of last C.R.B check

Signed Date

The completed application form **MUST** be returned to the Boxing Awards Office at the above address. Please enclose **two passport size photographs** and ensure your **name is printed on the back of both photographs supplied.**