

**PERMISSION TO BOX ABROAD**

Please complete the form below and return to the ARMY BA Office together with the attached names list.

<b>NAME OF ENGLAND BOXING CLUB / ASSOCIATION:</b>		
<b>NAME OF FOREIGN CLUB / ASSOCIATION:</b>		
<b>COUNTRY:</b>		
<b>NAME &amp; VENUE/S FOR TOURNAMENT</b>		
<b>DATE/S OF TOURNAMENT</b>		
<b>DATE TEAM DEPARTS ENGLAND</b>		
<b>DATE TEAM ARRIVES HOME</b>		
<b>NUMBER OF BOXERS &amp; SUPPORT STAFF</b>	<input type="text"/>	<input type="text"/>
<b>NUMBER OF CONTESTS PER BOXER (i.e. ONE OR TWO)</b>		
<b>Name &amp; Role of Person responsible for team (Boxing Officer)</b>		
<b>Telephone Number –</b>	<b>Signature</b>	
<b>Email -</b>		
<b><u>Regional Association Secretary Declaration</u></b> I confirm that all boxers named on the list of names have valid medicals, all coaches and/or officials have valid CRB's and all delegates named are registered with ENGLAND BOXING for the current season. I understand that full permission cannot be granted until Travel Insurance Documentation has been provided		
<b>Signed (Regional Association Secretary)</b>	<b>Date</b>	

**PERMISSION TO BOX ABROAD – NOMINAL ROLL**

<b>NAMES OF BOXERS</b>			
	<b>REGISTRATION No.</b>	<b>RANK</b>	<b>FULL NAME</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			
<b>8</b>			
<b>9</b>			
<b>10</b>			
<b>11</b>			
<b>12</b>			
<b>13</b>			
<b>14</b>			
<b>NAMES OF SUPPORT STAFF / OFFICIALS</b>			
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			
<b>8</b>			

