



3701 Danforth Ave | Scarborough, ON | M1N 2G2
t. 416-426-7250 · f.416-426-7491 · e.info@boxingontario.com
www.boxingontario.com

Date:

From: _____
(Amateur Boxing Club)

Re: Replacement passbook

Please accept this request for a replacement passbook for

Athlete Name: _____

Date of Birth: _____

His/her boxing record is as follows:

1. Number of years boxing _____.
2. Number of bouts to date _____.
3. previous medical suspensions(s):

Date:	Type: (TKO, KO)	Length of Suspension
_____	_____	_____ Days
_____	_____	_____ Days

Please ensure:

1. \$20.00 fee
2. If you are transferring clubs, you must complete a club transfer form. Should your club coach have your passbook please request it from your old club coach. If you are experiencing issues, please contact the Membership Department immediately. 416-426-7250 or info@boxingontario.com