2017 Registration Form

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| |  | | --- | | Full Name: Telephone: | | Email: Facebook Contact: |  |  |  | | --- | --- | | Industry/Workplace: | Height: | | Sponsor/Contact Person:  Previous Experience:  Please rate your athletic ability on a scale from 1 to 10: | Weight:  Age:  Gender: |  |  | | --- | | Reason For Participation (please be specific): | | *(Use back if necessary)* |  |  |  |  | | --- | --- | --- | |  |  |  | | Signed: | Date: |  | |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Fine Print |  |  |  |  | |
| |  | | --- | | Should you be selected to compete in Fight 4 The Cause VI, you will be required to find a sponsor to cover the cost of your participation in the 8-week training camp. In the absence of a sponsor the participant agrees to pay this amount in order to be a part of the 8-week training camp. The participant understands that the amount must be paid in full prior to commencement of the training camp. Secure your spot on the card with a 50% deposit. **Participants are all required to register with Boxing BC ($90) and complete the Amateur Boxing Association’s Medical Form prior to training camp.** | |  | |