



3701 Danforth Ave | Scarborough, ON | M1N 2G2
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Official/Judging Certification Program

HOSTING APPLICATION

Host Organization/Learning Facilitator Information

Name: _____

Address: _____ Phone: _____

Postal Code: _____ Fax: _____

Email: _____

Course Request

Dates must be at least a month in advance for open registrations.

Level	Date Requested	Time	Facility Name and Address	No. of Participants	Is this an open registration?

Please return completed form to: **Boxing Ontario**
 3701 Danforth Ave
 Scarborough, ON
 M1N 2G2
 FAX: 416-426-7491

For Office Use Only

Date Received:	Date Processed:
Learning Facilitator Assigned:	
No. of Packages shipped:	Date Shipped:
Date returned:	
Facilitator Fee Paid:	Cheque No. Date mailed: