Recreational (non-sparring) Membership Form

Registration Year: 2010 – 2011 Affiliated Club Name: Waterloo Regional Boxing Academy

Name:_____
(First Name) (Last Name)

Address:_____

City:_____ Postal Code:_____

Telephone:_____ Date of Birth:_____
mm/dd/yy

Gender:_____ Email Address:_____
Male/Female

Signature:_____ Date:_____

Fee Cost: $12.00 **Payment Enclosed** ☐

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