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| COACH application / application d’eNTRAÎNEURl’entraineur | | | | | | | | | | |
| PERSONAL INFORMATION / information personnelle | | | | | | | | | | |
| Name / Nom |  | | 🞎 M 🞎 F | | | | DOB : |  | | |
| Address / Adresse |  | | | | | | | | | |
| City / Ville: |  | | | Postal Code / Code postal: | | | | | | |
| Province: |  | | Email / Courriel | | |  | | | | |
| Phone / Cellulaire: |  | | | | | | | | | |
| Boxing Club / club de boxe: |  | | | | | | | | | |
| Emergency Contact /Contact en cas d’urgence : | |  | | | | | Phone / Cellulaire: | |  | |
| **COACH INFORMATION / INFORMATION DE L’ENTRAINEUR** | | | | | | | | | | |
| **NCCP #:** | | | | | | | | | | |
| AIBA Star: 1 🞎 2 🞎 3 🞎 | | | | | | | | | | |
| **Chartered Professional Coaches Member:** 🞎 Yes / oui 🞎 No / non | | | | | | | | | | |
| **PASSPORT INFORMATION / INFORMATION DU PASSPORT** | | | | | | | | | | |
| **Name on Passport / Nom sur le passeport :** | |  | | | | | Exp. Date: | | |  |
| **Passport #/**  **# du passeport :** | |  | | | | | Airport departure / aéroport de départ: | | |  |
| Do you have any Travel Restriction to the United State / Avez-vous des restrictions pour voyager aux États-Unis? | | | | | | | 🞎 Yes / oui 🞎 No / non | | | |
| WHY SHOULD WE CHOOSE YOU? / pourquoi devrions-nous vous choisir? | | | | | | | | | | |
|  | | | | | | | | | | |