



## Request for Replacement Passport

\*\*\* Club owner mails **original** form with payment to CASK \*\*\*

### MEMBER INFORMATION

New Club:		Old Club: (if applicable)	
First Name:	Last Name:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address:	City:	Province:	
Phone:	Email:		
Number of Bouts in previous Passport:	Number of Suspensions in previous Passport:		

Injuries:

### PAYMENT

Replacement Passport \$45	Cheque/Money Order payable to CASK
	Credit Card
	Name on Credit Card:
	Credit Card #: Exp.:

Parent/Guardian Name (print)

Member Name (print)

Date: dd / mm / yy

Parent/Guardian Signature

Member Signature

Signed at: City / Province

### CLUB OWNER SIGN OFF

I hereby attest that this person a member of my club and my club is his/her primary location for training and/or coaching. I have informed this person that CASK coverage is valid at CASK member clubs only and is null and void at non-CASK member clubs. I have informed this person that if he/she participates in any activities, including sparring, at a non-CASK club, those activities have no insurance coverage whatsoever through CASK and may jeopardize his/her individual CASK membership.

Club Owner Name (print)

Club Owner Signature

Date: dd / mm / yy



International Federation

## BUREAU NATIONAL / NATIONAL OFFICE

5008 South Service Road, Burlington, Ontario, CANADA, L7L 5Y7  
Phone: 905-681-9815 - Email: [nhq@kickboxingcanada.org](mailto:nhq@kickboxingcanada.org)

