



BRUSSELS CAPITAL TOURNAMENT



DELEGATION FINAL REGISTRATION FORM

DEADLINE: **March 31, 2025**

National Delegation of:

| FUNCTION | FIRST NAME | LAST NAME | DATE OF BIRTH | PASSPORT NO. | NATIONALITY |
|------------------------|------------|-----------|---------------|--------------|-------------|
| TEAM MANAGER | | | | | |
| TEAM COACH | | | | | |
| TEAM COACH | | | | | |
| TEAM COACH | | | | | |
| R&J | | | | | |
| EXTRA PERSONS | | | | | |
| TOTAL NO. OF OFFICIALS | | | | | |

We hereby confirm that, on the basis of your invitation, our team will participate in March 2025 in the BRUSSELS CAPITAL TOURNAMENT .

DATE:

(Day) (Month)



VLAAMSE BOKS LIGA VZW
BOOMGAARDSTRAAT 22/34
2600 BERCHEM
INFO@VLAAMSEBOKSLIGA.COM



ERKEND LID
KONINKLIJKE BELGISCHE
BOKSBOND VZW





BRUSSELS CAPITAL TOURNAMENT



SIGNATURE: _____ NAME: _____ TITLE: _____

PLEASE RETURN THIS FORM TO: wilfried.hermans@vlaamseboksliga.com

DELEGATION FINAL REGISTRATION FORM - ELITE MEN

DEADLINE: MARCH 31, 2025

| KG | FIRST NAME | LAST NAME | DATE OF BIRTH | PASSPORT NO. |
|-----|------------|-----------|---------------|--------------|
| 55 | | | | |
| 60 | | | | |
| 65 | | | | |
| 70 | | | | |
| 75 | | | | |
| 80 | | | | |
| 85 | | | | |
| 90 | | | | |
| +90 | | | | |



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DELEGATION FINAL REGISTRATION FORM - ELITE WOMEN

DEADLINE: March 31, 2025

| KG | FIRST NAME | LAST NAME | DATE OF BIRTH | PASSPORT NO. |
|----|------------|-----------|---------------|--------------|
| 48 | | | | |
| 51 | | | | |
| 54 | | | | |
| 57 | | | | |
| 60 | | | | |
| 65 | | | | |

DATE:

(Day) (Month)

SIGNATURE: _____ NAME: _____ TITLE: _____

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