

NOVA SCOTIA COMBAT SPORTS AUTHORITY RING OFFICIAL APPLICATION FORM.

Mail to: 741Bedford Highway, Halifax, NS B3M 2M1 or

Fax to: 902-869-3707

Name:			
Name.	Last name	First /Middle Name(s)	
Address:	Street	- C:t-	
	Street	City	
	Province	Postal Code	
Business Phone:		Home Phone:	
How Long at Curre	nt Address:		
Birthdate	Age	Height	Weight
Name of Current E	mployer		
Position		Years at current position	
List sporting activi	ties and your past or present		
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<u>Sport</u>	<u>Involveme</u>	<u>ent</u>	Past or Current
Three References:			
Three References: Name	Address		<u>Phone</u>
	Address		<u>Phone</u>
	Address		Phone Phone