GB BOXING AWARDS
COURSE DELIVERY FORM

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Students Gender (M/F)	**Age**	**Disability** (Yes/No)	**Was the student sign posted to an ABA Club/School or Centre? If YES please sate name**	**Course funded by** (Student, Council, Club etc)

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Students Gender (M/F)	**Age**	**Disability** (Yes/No)	**Name of ABAE Club** (If applicable)	**Course funded by** (Student, Council, Club etc)

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