



Date: _____

FIGHTER MEMBERSHIP APPLICATION

Name: _____
please include "fighting name" or "nickname"

Address: _____
number street city state country postal code

Tel: Home (_____) _____ Work: (_____) _____ Cell: (_____) _____

Email Address: _____

Date of birth: _____ Age: _____ Sex: _____ Height: _____

I will be fighting AMATEUR or PROFESSIONAL (please circle one)

Weight: "I can fight from _____ lbs. to _____ lbs." "I prefer to fight at _____ lbs.

Please Circle One: I primarily fight from a

right handed "orthodox" stance

left handed "southpaw" stance

I switch stances regularly

Kickboxing Fight Record

Amateur _____ wins _____ losses _____ draws

Pro _____ wins _____ losses _____ draws

How many combat sport matches have you had in the past two years? _____

Date, Location and Opponent of your last combat sport contest: _____

Results of your last combat sport contest (win or loss) _____

If you lost, by what method (decision, TKO, KO, Submission?) _____

MMA record, if any: _____ wins _____ losses _____ draws

Boxing Record, if any: _____ wins _____ losses _____ draws

TRAINER / MANAGER INFORMATION

Name: _____

Gym or Studio Name: _____

Address: _____
number street city state country postal code

Tel: Home (_____) _____ Cell: (_____) _____ Email _____