



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: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_

\_\_\_\_\_ I will be fighting AMATEUR

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

What is your fight stance?

### Kickboxing Fight Record

Amateur \_\_\_\_\_ 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 \_\_\_\_\_