



Date: _____

FIGHTER LICENSE APPLICATION

Name: _____

Address: _____
number street city state country postal code

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

Email Address: _____

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

The Weight Limit Established for This Bout is: _____ lbs. / _____ kgs.

FULL CONTACT KARATE Fight Record: _____ wins _____ losses _____ draws _____ KO's

KICKBOXING Fight Record: _____ wins _____ losses _____ draws _____ KO's

BOXING Fight Record: _____ wins _____ losses _____ draws _____ KO's

MMA Fight Record: _____ wins _____ losses _____ draws _____ KO's

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

Information Regarding Your Last Bout

Date: _____ Location: _____ Opponent: _____

Result _____

Have you been knocked out within the last year? YES / NO

TRAINER / MANAGER INFORMATION - Name: _____

Gym or Studio Name: _____ City / Country _____

Phone: (_____) _____ Email _____