AMATEUR Fighter's Information (PLEASE PRINT CLEARLY!)

Fighter's Name:		Date o	f Event:	_
Birthdate: / / Age:	Name (of Promotion:		
Sex: M F City:			TEXT HOLD AND LOSS	,
Division: (Circle One) C B A				
Gym/Team:				
Gym/Team: Trainer: CONTACT & TRAVEL INFORMATION				
	ICT & TRAVEL INF	ORMATION		
CONTACT INFORMATION:				
In case we need to contact you during the ev	ent, please provide a	contact phone nur	mber.	
Cell: V	Vho's phone is this? N	Mine My Trainer	My Spouse Other	
If not your phone, name of person who's pho	one it is:			
TRAVEL INFORMATION: (This information)	will only be used if v	ve need to contac	ct you before the event)	
I arrived by: (circle one) Car Bus Ai	-		,	
If Air, please tell us when you depart. My fligh	•			
Are you staying overnight in the area? Yes				
If Yes, where are you staying?				
PLEASE ANSWER FOR OUR RECORDS (MARKETING INFORMATION)				
Do you use: (Circle all that apply) Faceboo	k Twitter MySpac	e LinkedIn Oth	ner:	-
Occupation:	Marital Status	s: Single Marri	ied Engaged Divorced	
Hobbies:	Residence:	Own/Buying	Rent Live w/Parents	
FIGHT	ER'S RECORD & A	GREEMENT		
Amateur MT/KB Record:	W: L:	D:	KO's:	
Amateur Smoker/Demo/Exhb Record:	W: L:	D:	KO's:	
Amateur MMA Record:	W: L:	D:	KO's:	
Amateur Boxing Record:	W: L:	D:	KO's:	
"I confirm I have never been paid to fight and the fight receive experience, including but not limited to Muay Thai, all style demos. If it is discovered that I submitted false information months. I understand my bout will be cancelled and I will including, but not limited to, travel for my opponent. If this	es of Kickboxing, Boxing, MM/ n, I will be suspended from pa be responsible for reimburse	A, any non-sanctioned fig articipating on a TBA-SA s ment to the promoter for	oths such as smokers, exhibitions and sanctioned event for a minimum of 3 cost of all fees associated with my bout	t
Fighter's Signature:		Date:		
MINORS If fighter is under 1	18, Guardian or Trainer r	nust complete form	and sign below.	
Trainer/Guardian's Signature:		·	-	