



Date: _____

12921 SW 1ST RD. STE. 107 PMB 341, JONESTOWN, FL 32669
FIGHTER MEMBERSHIP APPLICATION (\$25)

Name: _____

please include "fighting name" or "nickname"

Address: _____
number street city state country postal code

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

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

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

I will fight any of the following styles: FULL CONTACT / FREESTYLE RULE / ORIENTAL RULES / MUAY THAI / SAN SHOU
(please circle) above the belt strikes only leg kicks above the knees leg kicks and knees strikes leg kicks & knee strikes kickboxing plus throws
neck wrestling & off balancing

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 _____ wins by KO

Pro _____ wins _____ losses _____ draws _____ wins by KO

Combined _____ wins _____ losses _____ draws _____ wins by KO

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

Do you currently or have you in the past held any kickboxing titles YES / NO if yes, please list on the back or on a separate page

Have you fought any "world rated" opponents YES / NO if yes, please list who, and the results on the back

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 (_____) _____ Work: (_____) _____ Fax: (_____) _____