



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.

### KICKBOXING Fight Record

\_\_\_\_\_ wins \_\_\_\_\_ losses \_\_\_\_\_ draws

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

#### Information Regarding Your Last Bout

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Opponent: \_\_\_\_\_

Result \_\_\_\_\_

### TRAINER / MANAGER INFORMATION

Name: \_\_\_\_\_

Gym or Studio Name: \_\_\_\_\_ City / Country \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_