

Venmo

Zelle

PAID: Y or N



Date: _____

FIGHTER LICENSE APPLICATION - Fee \$30 Expires 1 yr. Email Form To: iska.california@gmail.com

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?

Muay Thai/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 _____