

Khun Kao Promotions



FIGHTER APPLICATION:

NAME:

RINGNAME/NICKNAME (if used):

AGE:

HEIGHT:

WEIGHT:

SEX (M or F):

YOUR PHONE NUMBER & EMAIL ADDRESS:

GYM or TEAM REPRESENTED:

ADDRESS & PHONE:

URL:

COACH:

COACHES PHONE & EMAIL ADDRESS:

PREFERRED MATCH/ES: *MUAYTHAI, SANDA, or MMA*

TOTAL EXPERIENCE

*(Please include your number of years experience & total number of fights, **including** any exhibitions and non-sanctioned bouts. Please also include any matches scheduled prior to **DC Metro Showdown**.)*

BOXING:

KICKBOXING (all styles):

MMA:

CHAMPIONSHIP TITLES HELD & DATES (if any):

DATE OF LAST MATCH: