



XTREME FIGHTING CHAMPIONSHIP

MIXED MARTIAL ARTS

Fighter Application Form

Name		Aka	
Address:			
Contact Details			
Daytime		Evening	
Mobile		Email	
Date of Birth		Nationality	
Height	Weight	Weight Class	
Style		Fighting Out Of	
Trainer/Manager		Team	
Strengths			
MMA Record	Thai Record	Kickboxing Record	
Other points of interest			