

# Tough Man Competition

September 22, 2017

## Fighter Registration

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if Different than physical) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gym Team: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Style of Fight: \_\_\_\_\_

Wins: \_\_\_\_\_ Losses: \_\_\_\_\_ Draws: \_\_\_\_\_

Fight Song \_\_\_\_\_

**FIGHTERS MUST PROVIDE BLOOD WORK before they can compete.**

**Weigh In Friday September 22, 2017 @ 12:00**