

Fighter Application

Raging Wolf Productions

Fighter Name _____

Nickname _____

e-mail address _____

Street Address _____

_____ Zip _____

Phone_(_____) _____ Cell_(_____) _____

Social Security # _____

Date of Birth _____ Birth Town/City _____

Fighting Weight _____ Height _____ Right or Left handed (circle one)

Glove size _____ Short size _____

Amateur Record _____ wins _____ losses _____

Professional Record _____ wins _____ losses _____

Training School _____ years training _____

Trainer _____

Gym/Dojo _____

Is above a member of Western New York Fight League _____

Style (discipline) wrestling _____ BJJ _____ Grappling _____ kickboxing _____

Medicals in Hand? _____

Date of Last Fight _____

Licensed in Seneca Nation? _____

All fighters MUST be licensed by the SNI Athletic Dept. Fax to (716)934-4087 or e-mail
www.ragingwolf.com