



RING OF COMBAT

NORTHEAST CHALLENGE COMPETITOR APPLICATION

For the fastest results, please register online at www.Ringofcombat.com or you can submit the completed application by scanning it and emailing to Promoter@Ringofcombat.com or mailing to:

Ring of Combat
485 Boulevard
Elmwood Park, NJ 07407

Name:				
Nickname:				
Age:				
Address:				
Phone Number:				
Email Address:				
Manager:				
Manager Address:				
Manager Phone Number:				
Manager Email:				
Weight Class (Circle One): 155 170 185 205				
Height ____ ' ____ "				
States you hold licenses in:				
If you are outside the tri-state area, please list airports you may fly out of:				
Name of Trainer:				
Fight Team Name:				
Fight Team that you will not compete against:				
Walk out Song:				
Pro MMA Record:				
Amateur MMA Record:				
Please check off which medicals you have completed and the date they were last done:				
X	Date			
<input type="checkbox"/>	___/___/___	HIV Test		
<input type="checkbox"/>	___/___/___	HEP B Surface AG & HEP C AB testing, not vaccinated		
<input type="checkbox"/>	___/___/___	Complete Blood Count (CBC) and Bleeding & Coagulation (PT/PTT Pro-time)		

<input type="checkbox"/> __/__/__ Original EKG report, read by a physician
<input type="checkbox"/> __/__/__ Original CT/MRI Brain Scan report (without contrast), read by a physician
<input type="checkbox"/> __/__/__ Original EYE examination by an ophthalmologist – ophthalmological dilation
<input type="checkbox"/> __/__/__ Annual Physical/Clinical

Please email a passport size photo to Promotor@Ringofcombat.com. Make sure to include your name in the subject field.

List any titles you currently hold or have held in the past:
1
2
3
4
5

Please attach an additional sheet of paper if you run out of room.