

FIGHT CLUB CHICAGO REGISTRATION FORM



Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

Cell: _____

Email: _____

—

Gender: M / F (circle one)

Age: _____

Height: _____

Current Weight: _____ lbs., Competing Weight: _____ lbs.

Boxing Experience: _____ years _____ months

Amateur Record: _____

Occupation: _____

What gym are you currently working out
at: _____

Who is your boxing coach or
trainer: _____

How did you hear about this
event: _____
