



WCA Fighter 'Passport' Application Form.

Name.

Date of Birth.

Address.

Town/City.

Postcode.

Telephone.

Mobile.

Email.

Emergency Contact.

Emergency Number.

Medical Condition/s: *if applicable.*

Club Instructor.

Club.

Fighting Art.

Grade.

Amateur Bouts.

Professional Bouts.

Record.

Record.

Weight Class / Kg.

Weight Class / Kg.

Signature.

Date.

(Parent if under 16yrs).