



# SMOKE & GUNS FIGHTER APPLICATION FORM

1. FULL NAME

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2. DATE OF BIRTH AND CURRENT AGE

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3. WORKING EMAIL AND PHONE NUMBER

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4. DEPARTMENT WORKING FOR, CITY AND STATE

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5. HEIGHT AND CURRENT WEIGHT, WHAT WEIGHT DO YOU WANT TO COMPETE AT?

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6. FIGHT STYLE; IE MMA, BOXING, MUAY THAI, AMERICAN KICKBOXING...

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7. GYM YOU ARE TRAINING AT: NAME AND LOCATION OF GYM (CITY AND STATE)

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8. YEARS OF EXPERIENCE IN FIGHTING STYLES: IE (WRESTLED 4 YEARS OF HIGH SCHOOL, IF BJJ, INCLUDE BELT LEVEL.

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9. HOW MANY FIGHTS DO YOU HAVE? WHAT IS YOUR RECORD?

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10. ARE YOU A PROFESSIONAL OR AMATEUR?

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11. VETERAN STATUS AND IF CURRENTLY SERVING

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