

DES MOINES Mixed Martial Arts

Fighter Order Request

Date of Contact _____ Promoter Name _____

Event Date _____ Event Name _____

Event Location _____

Weigh In Time & Date _____ Weigh In Location _____

Fighter Name _____ Date of Birth or Age _____ Pro/Am _____

Official Record _____ Stated Record _____ Explanation _____

Fighting Weight _____ Walking Weight _____ Height _____ Body Type _____

Fighting Style _____ College Wrestler Y/N _____ HS Wrestler Y/N _____

Other Martial Arts Disciplines _____

How Long Fighting _____ Currently Training Y/N _____ How Long Training _____

Where Training _____ Training Coaches _____

Training Partners _____

Corner Men Names 1. _____ 2. _____