



Fighter Registration Form
PLEASE PRINT

First Name: _____ Last Name: _____

Weight: _____ Age: _____ Birth Date: _____ Sex:(circle one): Male Female

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____

Affiliation: _____ Time Training in Muay Thai: Yrs. _____ Mo. _____

Emergency Contact

Name: _____ Phone: _____

WEIGHT CLASSES

(Please check the weight class you believe you will be fighting in the day of the fight)

Mens

Feather weight:(up to 145 lbs.) _____
Light Weight:(146 – 159 lbs.) _____
Middle Weight:(160 – 174 lbs.) _____
Light Heavy Weight:(175 – 189 lbs.) _____
Heavy Weight:(190 – 219 lbs.) _____
Super Heavy Weight:(220 and up) _____

Womens

Light Weight:(up to 119 lbs.) _____
Middle Weight:(120 – 139 lbs.) _____
Light Heavy Weight:(140 – 159 lbs.) _____
Heavy Weight:(160 and up) _____

CMMAAF reserves the right to combine weight divisions if necessary