

FLORIDA ATHLETIC COMMISSION

Pro Debut Information Sheet

Boxing, Kickboxing and Mixed Martial Arts Pro Debut fighters must provide proof of five (5) amateur competitions prior to competing in the professional arena. Proof of the amateur competition will consist of verification from an amateur sanctioning organization. Proof will need to be submitted with the pro debut form and bout card.

FIGHTER INFORMATION						
Legal Name:						
Mailing Address:						
ē	(Street)				(City)	
8	(State) (Zip) (Country)		Country)	(Telephone Number)		
	74 19	20 5011	C-X	200	97	
Social Security Numb Weight:	ecurity Number: * Height:			Date of Birth:		
				Gender:		
Participant's Ring Name (if applicable)						
OTHER INFORMATION						
Amateur Record:	eur Record: Length of Time in Training:					
Name of Trainer:					Trainer Phone Number and License Number:	
Name of Gym:						
Name of Manager (if applicable):					Manager Phone Number and License Number:	
(2)						
* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless a Federal statute specifically requires it or allows states to collect the number. Disclosure of Social Security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 409.2577, 409.2598, and 559.797, Florida Statutes. Social security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Publication .L. 193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(I). This information is used to identify licensees for tax administration purposes. I declare that I have read the foregoing document and that the facts stated in it are true. Signature (Matchmaker) Print Name Date						
gricial o finatorina	,				Date	