

## FLORIDA STATE BOXING 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 will need to be submitted with the pro debut form.

| FIGHTER INFORMATION   |             |                             |                              |   |                    |
|---|-------------|-----------------------------|------------------------------|---|--------------------|
| Legal Name:   |             |                             | emmy states extrast 2.55223. |   |                    |
| Mailing Address:  |             |                             |                              |   |                    |
| -   | (Street)    |                             |                              |   | (City)             |
| -   | (State)     | State) (Zip) (Country)      |                              |   | (Telephone Number) |
|   |             |                             |                              |   | •                  |
| Social Security Number  | er: *       | Date of Bi                  |                              |   |                    |
| Weight:   |             | Height:                     |                              |   | Gender:            |
| Participant's Ring Name (if applicable)   |             |                             |                              |   |                    |
| OTHER INFORMATION   |             |                             |                              |   |                    |
| Amateur Record:   |             | Length of Time in Training: |                              |   | ng:                |
| Name of Trainer:  |             |                             |                              | Trainer Phone Number and License Number:  |                    |
| Name of Gym:  |             |                             |                              |   |                    |
| Name of Manager (if applicable):  |             |                             |                              | Manager Phone Number and License Number:: |                    |
|   |             |                             |                              |   |                    |
| List three (3) references that <b>do not</b> include your trainer or manager, but are in the boxing, kickboxing or mixed martial arts industry.   |             |                             |                              |   |                    |
| (1)   |             |                             |                              |   |                    |
| (2)   |             |                             |                              |   |                    |
| (3)   |             |                             |                              |   |                    |
|   |             |                             |                              |   |                    |
|   |             |                             |                              |   |                    |
|   |             |                             |                              |   |                    |
| * 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.   |             |                             |                              |   |                    |
|   |             |                             |                              |   |                    |
|   |             |                             |                              |   |                    |
|   | <del></del> | Miles III                   |                              | _   |                    |
| Signature (Matchmake  | er)         | Print Name                  |                              | Ī   | Date               |