

Terminator Fight Series

Arnold Sports Festival

Entry Form and Contestant Affidavit

Contest Friday March 2, 2018
Registration \$50.00

1st Place \$1000.00 and Arnold Sports Festival Jacket 2nd place \$500.00

Name: _____ SS#: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Alternate Phone: _____
Date of Birth: _____ Age: _____ Height: _____ Weight: _____
Name of Employer: _____ City: _____ Phone: _____
Marital Status: _____ Name of spouse: _____ # of Children: _____
Have you ever fought professionally, Golden Gloves, AAU sanctioned or any Amateur boxing? _____
If Yes, Where? _____ If Yes, For Whom? _____
Have you ever fought for Toughman? _____ If so; how many bouts have you had? _____ How many wins? _____
Have you had more than five (5) or more amateur wins in the last 5 years? _____ (Yes or No)
Have you ever competed on a professional fight? _____ (Yes or No)
Do you have any prior illness or physical problems? _____ (Yes or No) List any: _____
Have you had a physical examination within the last 12 months? _____
If so list the Doctor: Address: Phone: _____
Have you ever been hospitalized for ANY reason? _____ (Yes or No) If so provide detail: _____
Hospital: _____ Doctor: _____
Have you seen a doctor in the last 2 years for any reasons other than a physical? _____ (Yes or No)
If yes list the Doctor: _____ Reason: _____
I certify that the information given on this form is true and complete.

Signature: _____ Date: _____

FIGHTER – DO NOT WRITE BELOW THIS LINE

Age: _____ Height: _____ Weight: _____ City: _____ State: _____

Interesting facts: _____

Name of sponsor: _____

Registration fee: _____ Collection Date: _____ Cash, Check, Money Order (Write ONE): _____

Comments:

