* **Amateur (MMA) experience Form (Must be completed by Boxer’s Trainer/Manager)**

By signing this form below you are certifying that _________________________ has, in your judgement, the necessary skills to qualify and be licensed as an **amateur (MMA) boxer in this state?**

You make this judgement based on the following: (circle all that apply)

* The above named Boxer has been training at your gym
  If YES for how long ___________________________

* Name and location of the GYM where this Boxer has trained:
  ____________________________________________________________________

* You have witnessed the above named Boxer spar and train and feel he/she is duly qualified

* You have first-hand knowledge of the above named Boxer’s amateur experience
  If YES –list the win/loss record of this Boxer: _____________

What, if any relationship do you have with the above named boxer?

__________________________________________________________________________

Do you hold any type of license with the Pennsylvania State Athletic Commission or any other state/tribal Commission? If YES please list the type of license and Commission’s name:

__________________________________________________________________________

**Trainer’s /Manager’s Name** _________________________________________

(Please Print)

* By signing below I also verify that the above named Boxer has NEVER competed in any professional contest in any form of contact sports.

_________________________  ________________________
Signature                  Date

* This form MUST be completed for every amateur MMA Boxer who is competing for the first time in Pennsylvania. This form MUST be presented to the Commission before the event.