



American Amateur Mixed Martial Arts

12156 Havburg Dr.
Pensacola, FL 32506
Phone: 850-457-6157
Fax: 850-457-1650
www.aamma.info

**American Amateur Mixed Martial Arts Event Application
(Educational & Instructional)**

Please check all the boxes for the event types for which you are applying. If you are not currently registered as a gym/school owner/instructor with AAMMA, a School Registration Application must accompany this form. This form and any applicable fees must be submitted to AAMMA no less than 21 days prior to the event.

NAME OF SCHOOL: _____

CONTACT NUMBER: _____

KICKBOXING BOXING MODIFIED MARTIAL ARTS SHOOTBOXING

WUSHU SANSHOU SUBMISSION GRAPPLING

DATE OF EVENT: _____

TIME OF EVENT: _____

NAME OF EVENT: _____

LOCATION OF EVENT: _____

CITY/STATE/ZIP: _____

TELEPHONE OF FACILITY: _____

NAME OF SCHOOL OWNER: _____

LOCATION OF WEIGH-IN: _____

DATE/TIME OF WEIGH-IN: _____

Website/e-mail: _____

I attest that the information provided herein, in this application for sanctioning, is true, correct and accurate to the best of my knowledge. I understand, I am responsible for the payment of the event fee which is due to AAMMA with this application and in addition, \$1.00 per ticket sold will be given to AAMMA for the Student Athlete Scholarship Fund. Sanctioning fees are non-refundable.

Signature of School Owner

Date



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Credit Card Authorization

Please fill out the form below and return it with your application via email, fax or mail.

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Visa Card Card Number:

Mastercard Expiration Date: ____/____ Security Code: _____

American Express Amount: \$ _____

I authorize AAMMA to charge my credit/debit card in the amount listed above.

Cardholder's Signature: _____