

**WORLD MIXED MARTIAL ARTS
FEDERATION**



Course Application

Course: Master teacher Master instructor Instructor Assistant Instructor Referee Cutman Other

Name		D.O.B.	
Address		City, State	Zip code
Phone #	Fax #	Cell #	
Website		E-Mail	
School Name			
Master Name		Master Dan	
Address			
Phone#		Fax #	E-Mail

By signing this Course Application, I agree to all terms and conditions, and any policies, guidelines or amendments thereto that may be presented from time to time. The World Mixed Martial Arts Federation, Inc. may also update the Terms of Service (TOS) without notice. It is my responsibility to check the TOS for any recent changes.

Signature _____ Date: _____ Name _____

Please return this completed form with any additional information (reports, photo, etc.) about your to the WMMAFC Chairman of the Board of Directors, by e-mail to

wmmaf.office@gmail.com & wmmaf@mail.ru