**REQUEST FOR AUSTRALIAN OR STATE TITLE**









Promoter: ………………………………………………………………………….. Phone: ………………………………………………………

Show: ………………………………………………………………………………… Date: …………………………………………………………

Weight Category (kgs): ………………………………………………………. Division: ……………………………………………………

**Request for:** Australian Title State Title

 WMC Title (A-Class / Pro MTA Pro Rules) MTA Title (B-Class / Amateur under MTA Rules) (requires MTA Exec approval for a state to have amateur titles)

**Proposed match**

|  |  |
| --- | --- |
| **Fighter A** | **Fighter B** |
| Name: | Name: |
| Trainer: | Trainer: |
| Club: | Club: |
| MTA Ranking: | MTA Ranking: |
| WMC/MTA Titles? | WMC/MTA Titles?  |
| **Record** | Win: | Loss: | Draw: | KO: | **Record** | Win: | Loss: | Draw: | KO: |

**Questions (Must be filled out by the promoter and confirmed by the MTA State Representative):**

1. Are both gyms / trainers registered with MTA? Yes / No (Clubs must be financial with MTA)
2. Are both fighters registered with MTA? Yes / No (If your state has individual registration)

3. Last 5 fights: **Opponent A**

|  |  |  |  |
| --- | --- | --- | --- |
| **Fight #** | **When (Month / Year)** | **Who** | **Result (W, L, D, KO)** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

4. Last 5 fights: **Opponent B**

|  |  |  |  |
| --- | --- | --- | --- |
| **Fight #** | **When (Month / Year)** | **Who** | **Result (W, L, D, KO)** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

**5. What other fighters have been/(if any) offered the fight/title opportunity? (please list)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Fight #** | **Who** | **Gym** | **Reason Not available?**  |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |