

Combat Sports League

WKA USA Registration

Gym Registration

Main Trainer: _____

Gym Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Gym Phone: _____ Gym Fax: _____

Gym Email: _____ Gym Website: _____

Is there an available list of fighters? yes no

How long has this gym been in business? _____

What arts are taught? _____

Would you like your gym added in the Links section? yes no

If so, please type the

Additional Information _____