

## Participant Information Sheet

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Do you wish for Rick Sparks to be your Primary BJJ Instructor, responsible for your BJJ promotions (Y/N)?

If No, who is your primary instructor? \_\_\_\_\_

Martial Arts Experience:

	Current Rank	Time in Current Rank	Total Time	Instructor Name
BJJ				
Judo				
Sombo				

Wrestling Experience:

Number of Years High School

Number of Years College

Number of Years Coaching

Tournament and/or Competition Results:

Any other information you wish to provide: