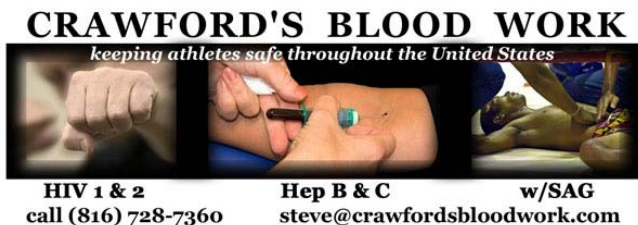


CRAWFORD'S BLOODWORK FORM



Full Name: _____

Address: _____

City: _____ aaaaaaaaaa _____ Ucyg<" aaaaa _____ aa\ kr 'Eqf g< aaaaaaaaa _____

Phone: _____ aaaaaa _____ aaaaaa _____ "Date of Birth: _____ / _____ / _____

SS#: _____ - _____ - _____ "Sex: _____

Email Address: _____

Test Location: _____

Stage Name: _____ Uej qqr _____

Phone# _____ aa _____ "Pro _____ Amateur _____ Sport: MMA _____ Boxing _____ Kickboxing _____

Form of payment: CREDIT CARD / Paid by: _____

Billing Address: _____

Card Number: _____ a _____ - _____ a _____ - _____ a _____ - _____ a _____ "Expiration: _____ a _____ / _____ a _____

CC Sec #: _____ (3) numbers on back) Price: \$ _____

Name on Card (payer): _____

If possible: Where is the fight? _____ Date of fight? _____ / _____ / _____

Do we have permission to release yours/their results to: Initial on the YES or NO line!

State Commission YES _____ NO _____ Promoter YES _____ NO _____

Medlic Records YES _____ NO _____ Yours/Their Coach YES _____ NO _____

Signature: _____ Date: _____ / _____ / _____

By filling this out and sending it back to steve@crawfordsbloodwork.com or FAX it to 1-816-222-0447 you have agreed to release your results to us to be distributed to the above marked persons and have your Credit Card charged in the amount listed above. If you are needing to submit your order after business hours, please fill out this form and email or fax it the above address. No one else will see this information.