



FIDAM

ANNUAL PROMOTER LICENSE REQUEST

MARK WITH AN X AS APPLICABLE

AMATEUR PROMOTER LICENSE

PROFESSIONAL PROMOTER LICENSE

DISCIPLINE:

NAME:

SURNAME:

BIRTH DATE:

ID:

MOBILE:

ADDRESS:

POSTAL CODE:

LOCALITY:

PROVINCE:

COUNTRY:

E-MAIL:

FACEBOOK:

INSTAGRAM:

CLUB NAME:

CITY:

CURRICULUM:

**EMILIO BERTRAN
PRESIDENT FIDAM**

APPLICANT SIGNATURE