

IKF FIGHTERS YEARLY LICENSE / REGISTRATION FORM

THIS FORM IS NOT FOR IKF CALIFORNIA!

FOR CALIFORNIA FIGHTER REGISTRATION GO TO
<http://www.ikfkickboxing.com/CAFighters.htm>

To Register Print Out This Form & MAIL to the IKF with Your 1 YEAR Fee of \$20.00

TO: IKF LICENSE, P. O. BOX 1205, NEWCASTLE, CA, 95658

REGISTRATION / LICENSE FORMS WITHOUT FEES WILL BE DISPOSED OF.

IKF STAFF USE ONLY

• SENT: ___/___/___

• REC: ___/___/___

• PAID: \$ _____

----- "PLEASE PRINT NEATLY" -----

IF WE CANNOT READ YOUR PRINTING, YOUR REGISTRATION WILL NOT BE ACCEPTED

1. First & Last Name _____ PRO ___ AMATEUR
2. IS THIS LICENSE REGISTRATION FOR A CERTAIN STATE? _____ IF SO, WHICH STATE: _____
3. ___ Male ___ Female / Age: ___ Date Of Birth: M: ___ D: ___ YR: ___
4. P.O. Box Or Physical Street Address: _____
5. City: _____ State: _____ Zip: _____ Country: _____
6. YOUR CONTACT NUMBER: (_____) _____ Your Weight: _____ lbs. - Height: ___' ___"
7. Last Opponent (If one): _____
8. Upcoming Fight Date (If One) ___/___/___
o IF ONE: Please List Your Upcoming Fight: City: _____ State: _____
o Event Promoter: _____
9. **FIGHT RECORD - IF NO FIGHTS PLEASE WRITE -0- IN ALL BLANKS**
 - o **AMATEUR** Fight record (IF ANY) with KOs (IF ANY)
 - Kickboxing AND Muay Thai: ___ Wins ___ Loses ___ Draws
 - MMA: ___ Wins ___ Loses ___ Draws
 - Boxing: ___ Wins ___ Loses ___ Draws
 - o **PROFESSIONAL** Fight record If ANY
 - Kickboxing AND Muay Thai: ___ Wins ___ Loses ___ Draws
 - MMA: ___ Wins ___ Loses ___ Draws
 - Boxing: ___ Wins ___ Loses ___ Draws
10. **RULE/RANKING DIVISION:** Your \$20 YEARLY Fee covers a listing in "1" Rule Division. Add \$10 Per Additional Listing past 1 if you want to be in more than 1 Rule /Ranking Division. PLEASE "CHECK" the Appropriate Rule Style(s):
___ **MUAY THAI RULES** ___ **FULL CONTACT RULES** ___ **INTERNATIONAL RULES** ___ **UNIFIED RULES**
11. CHIEF Trainers (1): (List SELF if you train yourself) _____
12. Trainers/Contact Number: (_____) _____
13. Have you ever fought as a PRO in ANY Fight or Striking Sport (Muay Thai, Boxing, MMA, Kickboxing)?: _____
14. Have you ever been paid for fighting in A Fight or Striking Sport (Muay Thai, Boxing, MMA, Kickboxing)?: _____
15. I certify the above is true by my signature here: _____, Date: ___/___/___



PLEASE SEND ALL REQUIRED INFORMATION AND FEES TO:
IKF Attn: RANKINGS DEPARTMENT
P.O. Box 1205, 9250 Cypress Street
Newcastle, CA, 95658, USA
(916) 663-2467

