

IKF CALIFORNIA PROMOTER - EVENT REGISTRATION FORM

Thank you for applying to be an **IKF** (Muay Thai / Kickboxing) Sanctioned Event & IKF Licensed Promoter in the State of California. To begin, please Print Out these pages, fill out and send to the **IKF** Headquarters in one of the following ways

- **MAIL TO:** IKF, P.O. Box 1205, 9250 Cypress Street, Newcastle, CA, 95658, USA.
- **SCAN AND E-MAIL TO:** main@ikfkickboxing.com - **OR FAX TO:** (916) 663-4510
- **SANCTIONING DEADLINES AND FEES:** If your event is less then 35 days from this mailing, please note this on the top of this form when you mail it in with the understanding that your fees will increase as noted on the Sanctioning Fee page. When sending in this form, please check on the sanctioning fee page for the correct fee schedule. This page can be found here: <http://www.ikfkickboxing.com/SancFEES.htm> - If unclear as to your fee, please contact the **IKF** at (916) 663-2467.

SECTION 1 - PROMOTER / EVENT INFORMATION

(*) IKF Promoters who have sanctioned within 6 months prior to this event do not need to fill out these sections unless info has changed.

PLEASE PRINT NEATLY

1. **PROPOSED EVENT DATE:** Month: _____ Date: _____ Year: _____
If actual date has not been set yet just write in TBA.
2. **PROMOTERS NAME:** _____ M _____ F AGE _____
3. ***RESIDENCE ADDRESS:** _____
4. ***CITY:** _____ **STATE/PROV:** _____ **ZIP:** _____ **COUNTRY:** _____
5. ***PHONE: CELL:** _____ **BUSINESS:** _____
6. ***FAX:** _____ **EMAIL:** _____
7. **PROMOTIONAL COMPANY NAME:** _____
8. ***ADDRESS:** _____
9. ***CITY:** _____ **ST/PROV:** _____ **ZIP:** _____ **COUNTRY:** _____
10. **NAME OF EVENT:** _____
11. **EVENT LOCATION (Venue Name) :** _____
12. **CITY:** _____ **STPROV:** _____ **COUNTRY:** _____
13. **PHONE NUMBER ON WEB PAGE FOR CONTACT:** (_____) _____ - _____
14. **WEB SITE ADDRESS: www.** _____
15. **Number of Proposed AMATEUR Bouts If Any:** _____ **Number of Proposed Title Bouts If Any:** _____

SECTION 2 - EVENT OFFICIALS

o Event Officials are assigned by the **IKF**. Most (Not All) can be found on the IKF Officials Page. The **IKF** does allow you to "**REQUEST**" Officials that may have worked other events with other sanctioning bodies or State Athletic Commissions. Although the **IKF** cannot promise they will be appointed to your event, we will review their qualifications and experience and if qualified, we would allow such officials to work your event. So, if you have certain officials you have seen work and would like to have them work your event, you may request to the IKF to do so.

▪ **IKF REFEREE(S) :** _____ **APPOINTED BY IKF OR** _____ **REQUESTED BY YOU**

- _____ Last Event They Worked: _____
- What Sanctioning Body(s) Have They Worked For: _____

▪ **IKF JUDGES:** _____ **APPOINTED BY IKF OR** _____ **REQUESTED BY YOU**

- _____ Last Event They Worked: _____
- What Sanctioning Body(s) Have They Worked For: _____

▪ **IKF TIMEKEEPER:** _____ **APPOINTED BY IKF OR** _____ **REQUESTED BY YOU**

- _____ Last Event They Worked: _____
- What Sanctioning Body Have They Worked For: _____

o **OFFICIALS FEES:** You will be required to pay in case, at your event weigh-in - prior to your event, All Officials Fees related to your event as noted on the IKF Officials Fees Page as well as your **IKF** Event Representative Fees as noted on the IKF Event Representative page. You will be e-mailed the total of these fees a minimum 2 days prior to your event.

CONTINUED

SECTION 3 – INSURANCE

MANDATORY minimum coverage of **\$20,000.00** in **FIGHTER MEDICAL INSURANCE**.

Please send in all your Event Insurance (Fighter liability and Venue Liability) information to the IKF by Fax or Scanned & e-mailed within 5 Days Prior To Your Event.

- What Company is Covering Your Fighters Medical Coverage: _____
- **IKF MUST BE LISTED** as an Additional/ Secondary Insured on "ALL" your Insurance Policies
 - The Preferred Insurance company of the IKF is **FL Dean – Please See: www.ikfkickboxing.com/SanctionINS.htm**

SECTION 4 - SANCTIONING FEES

- Total Amount Paying For General Event Sanctioning Fee: (Covers Up To *12 Bouts) \$ _____
- **(*) FOR EACH BOUT OVER 12:**
 - **PLEASE ADD \$20.00 PER BOUT PRIOR TO YOUR EVENT.** \$ _____
 - ****OR BE BILLED \$30.00 PER BOUT AFTER YOUR EVENT** \$ _____
 - (**) FEE DUE WILL BE BASED ON NUMBER OF SCHEDULED BOUTS WITHIN 48 HOURS PRIOR TO WEIGH-IN.**
- If ANY: Total Amount Paying For **IKF TITLE** Sanctioning Fees: \$ _____
- If ANY: Total Amount Paying For **IKF TITLE BELTS:** \$ _____
- **TOTAL AMOUNT PAYING TODAY TO IKF FOR ALL FEES:** \$ _____

**IF PAYING BY CREDIT CARD PLEASE COMPLETE THIS SECTION.
FAXING (916) 663-4510 - OR E-MAILING IN - main@ikfkickboxing.com
- PRINT NEATLY -**

PLEASE NOTE THAT ALL OUR CREDIT CARD CHARGES ARE RUN THRU OUR GRAPHICS DEPARTMENT.
BECAUSE OF THIS, YOUR STATEMENT WILL SAY "**FOSTER GRAPHICS**" WHICH IS OUR GRAPHICS DEPARTMENT

PLEASE CHECK ONE: _____ VISA -OR- _____ MASTERCARD

CC#: _____

AMOUNT PAID

CARD EXP. DATE _____ / _____

PHONE: (_____) _____

\$ _____

3 DIG SEC CD: _____ - _____ - _____

SECTION 5 - PROMOTER AGREEMENT

PROMOTER AGREES TO THE FOLLOWING AS MANDATORY REQUIREMENTS OF IKF SANCTIONING

Include In ALL Event Advertisements, Print, Audio, SOCIAL MEDIA ADS And TV The Following:

_____ **PRINT ADS/POSTERS/FLIERS/EVENT PROGRAM MUST INCLUDE** The IKF Sanctioning Logo placed in the **UPPER LEFT OR UPPER RIGHT CORNER OF YOUR AD.**

_____ **AUDIO & OR TV:** The following shall always be included in and audio or TV advertisement voiced as:
"This is an IKF Sanctioned Event - For more info go to IKFKickboxing.com." (OR: IKFMuayThai.com)

A MINIMUM 5 DAYS PRIOR TO YOUR EVENT

_____ Full bout list of proposed scheduled bouts. "E-Mail" to the **IKF** as they would appear in the **IKF** Rankings.

WITHIN 10 DAYS AFTER YOUR EVENT

_____ **YOU MUST** Film your event: Minimum of VHS or DVD. Once done, you will send to the **IKF** the "BEST" quality footage within 10 days of event. **NOT DOING SO WILL RESULT IN A "NON COMPLIANCE FINE" OF \$500.00.**

Promoter agrees to all noted items of this IKF Sanctioning Contract above and all information provided above is true and correct and said promoter proves so by signing and printing his name below.

I, _____, Authorize The Use Of My Credit Card Described Above For Charges Related To Sanctioning Fees Provided By The IKF - International Kickboxing Federation.

Chief Promoters Printed Name: _____ Date: ____/____/____

Chief Promoters Signature: _____ Date: ____/____/____