IKF **FIGHTERS** YEARLY LICENSE FORM

IKF STAFF USE ONLY

• SENT: ___/___/___ To Register Print Out This Form & MAIL to the IKF with Your 1 YEAR Fee of \$20.00 • REC: ___/__/__ TO: IKF LICENSE, P. O. BOX 1205, NEWCASTLE, CA, 95658

PAID: \$_____

REGISTRATION / LICENSE FORMS WITHOUT FEES WILL BE DISPOSED OF.

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

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

1.	First & Last NamePROAMATEUR
2.	IS THIS LICENSE REGISTRATION FOR A CERETAIN 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:
9.	o Event Promoter:
	AMATEUR Fight record (IF ANY) with KOs (IF ANY)
	Kickboxing AND Muay Thai:WinsLosesDraws
	MMA:WinsLosesDraws
	Boxing:WinsLosesDraws
	o PROFESSIONAL Fight record If ANY
	Kickboxing AND Muay Thai:WinsLosesDraws
	MMA:WinsLosesDraws
10.	 Boxing:WinsLosesDraws 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:, 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

