

IKF LICENSED

MUAY THAI / KICKBOXING SCHOOL/CLUB/GYM REGISTRATION FORM

To become an **IKF LICENSED** and **ENDORSED** Kickboxing / Muay Thai School, Gym or Club, Please print off this application, complete and scan & e-mail or mail or fax page, along with your **YEARLY LICENSE** fee of **\$250.00** (US) to the **IKF**. Your School/Gym/Club will be listed on the **IKF GYMS** Directory Page within 30 days if your School/Gym/Club has been **APPROVED** by the **IKF**. If your club is declined as an Officially Licensed & Endorsed **IKF** Kickboxing / Muay Thai School, Gym or Club, **you will be refunded the entire amount**. If Approved, you will receive an Official **IKF LICENSED** and **ENDORSED** Kickboxing/Muay Thai School Certificate to post on your School, Gym or Club wall.

• **To Be An IKF APPROVE and ENDORSE School, Gym or Club, The School, Gym, Club Must;**

1. Teach **COMPETITIVE** Muay Thai & or Kickboxing.
2. Be in Good **ETHICAL** Standings with the **IKF AND** The Sport of Muay Thai & or Kickboxing.
3. Have Students **ACTIVELY COMPETE** on **IKF** Events in your area.
4. Be **QUALIFIED & EXPERIENCED** in the fighting Techniques of Muay Thai & or Kickboxing.
5. Have Professional Equipment for Professional Instruction & Training in the Sport of Muay Thai & or Kickboxing.

PLEASE "PRINT" NEATLY

1. **Your School, Gym or Club Name:** _____
2. **DO YOU CALL YOUR FACILITY A:** **SCHOOL** **GYM** **CLUB**
3. **Physical Address. - The EXACT Physical location you teach at.**

4. **CHIEF TRAINERS FULL LEGALNAME:** _____
5. **CHIEF TRAINERS TRAINING Background In Kickboxing and or Muay Thai. (Use back if necessary)**
○ _____
○ _____
○ _____
6. **School/Gym/Club Website Address: WWW.** _____
7. **School/Gym/Club Mailing Address if Different.** _____

8. **School/Gym/Club Phone Number. (_____) _____**
9. **What RULE STYLE(s) do you teach at your School/ Gym/Club?** _____

10. **Do you teach COMPETITIVE Kickboxing and or Muay Thai? _____ YES _____ NO**
11. **If So, what are some of events you regularly participate in (Promoter, City, Sanctioning Body?)**

12. **PLEASE LIST FOR US 3 REFERENCES**
1. _____
2. _____
3. _____

IKF SCHOOL / GYM / CLUB LICENSE PAYMENT



IF MAILING: Send this Form and your School/Gym/Club License Fee of \$250 to:
IKF GYM REGISTRATION, P.O. Box 1205, Newcastle, CA, 95658, USA
Physical For FedEx / Express: IKF GYM REGISTRATION, 9250 Cypress Street, Newcastle, CA, 95658, USA



IF PAYING BY PAY PAL GO TO: <http://www.ikfkickboxing.com/IKFPMT.htm>

AFTER PAYMENT IS MADE, E-MAIL PAY PAL REC & SCANNED LICENSE FORM TO main@ikfkickboxing.com