

IKF EVENT OFFICIAL LICENSE - REGISTRATION APPLICATION

Print out This form & **MAIL** to the IKF With Your Application Fee of \$40.00 for ONE Certification & \$20 For Each Additional - Representatives are \$100.00 (No Discounts For REPRESENTATIVE) Add \$5.00 to total If Paying by Visa/MC. Your Fee includes Your IKF Officials Shirt. **CREDIT CARDS** Will Be Charged Thru Our IKF Graphics Department **and Say FOSTER GRAPHICS on your statement.**
FAX: (916) 663-4510



- - "PLEASE PRINT NEATLY" - -

If we cannot read your printing, **YOUR APPLICATION WILL NOT BE ACCEPTED.** Application Forms **WITHOUT FEES** will be Disposed of.

1. First & Last Name _____ AGE: _____
2. City: _____ State/Prov: _____ Zip: _____ COUNTRY: _____
3. E-MAIL ADDRESS: _____
4. Contact Number For Officials Page: (_____) _____

5. **BELOW FEES ARE PER YEAR.** (Fee Includes IKF Officials Polo Shirt) You are applying to be an Official IKF:

- | | |
|--|---|
| <input type="checkbox"/> _____ JUDGE - \$40 | <input type="checkbox"/> _____ RENEW: \$20 |
| <input type="checkbox"/> _____ REFEREE - \$40 | <input type="checkbox"/> _____ RENEW: \$20 |
| <input type="checkbox"/> _____ INSPECTOR - \$40 | <input type="checkbox"/> _____ RENEW: \$20 |
| <input type="checkbox"/> _____ TIMEKEEPER - \$40 | <input type="checkbox"/> _____ RENEW: \$20 |
| <input type="checkbox"/> _____ REPRESENTATIVE - \$100 | <input type="checkbox"/> _____ RENEW: \$50 |

6. **LICENSE RENEW:** If renewing your ISCF Officials License and want a **NEW OFFICIALS SHIRT**, Please Check the line to RIGHT and **ADD \$20.00 To your Total. NEW SHIRT:** _____ **CHECK SHIRT "SIZE" BELOW.**

7. **EXPERIENCE - QUALIFICATION**

- _____ I have attached a letter explaining my qualifications to be an IKF Event Official.
- _____ I took an IKF Certification Course.
 - WHEN: _____
 - WHERE: _____
 - IKF INSTRUCTOR: _____
- _____ Due to My Experience I Was Approved without an IKF Certification Course.
 - Who was the IKF Official that Approved You: _____
 - WHEN & WHERE: _____

8. **MANDATORY:** E-mail us your headshot photo in a jpg format to main@ikfkickboxing.com

9. **What SIZE Polo Shirt do you wear?** ___S ___M ___L ___XL ___XXL (Add \$10) ___XXXL (Add \$15)

10. I certify the above Is true and I confirm so by my signature: _____ Date: ___/___/___

Please send this Form and Fees to: IKF Attn: OFFICIALS LICENSE - REGISTRATION
P.O. Box 1205, 9250 Cypress Street, Newcastle, CA, 95658, USA - (916) 663-2467 - FAX: (916) 663-4510

Registration Forms **WITHOUT FEES** will be Disposed of.
IF PAYING BY CREDIT CARD PLEASE PRINT NEATLY!

CIRCLE OR CHECK ONE: ___ VISA -OR- ___ MASTERCARD

CC#: _____ PHONE: (_____) _____	AMOUNT TO CHARGE \$ _____ +\$5 For CC Charge	CARD EXPIRES DATE _____ / _____ 3 DIG SEC CD: _____ - _____ - _____
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www.IKFKickboxing.com - www.IKFMuayThai.com