

**ISCF FIGHTERS REGISTRATION FORM**  
**"PLEASE PRINT NEATLY**  
**IF WE CANNOT READ YOUR PRINTING**  
**YOUR BOUT WILL BE CANCELLED!**



1. First & Last Name \_\_\_\_\_
2. \_\_\_\_ Male \_\_\_\_ Female - Age: \_\_\_\_ & Birthday (month, day & year): \_\_\_\_/\_\_\_\_/\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_
4. **AMATEUR FIGHT RECORD - IF NO FIGHTS PLEASE WRITE -0- IN ALL BLANKS**
  - MMA: \_\_\_\_ Wins \_\_\_\_ Loses \_\_\_\_ Draws
  - Kickboxing/Muay Thai: \_\_\_\_ Wins \_\_\_\_ Loses \_\_\_\_ Draws
  - Boxing: \_\_\_\_ Wins \_\_\_\_ Loses \_\_\_\_ Draws
5. Your Average Weight Is: \_\_\_\_\_ lbs. - Height: \_\_\_\_' \_\_\_\_"
6. Trainers Name: (*List SELF if you train yourself*) \_\_\_\_\_
7. **MANDATORY:** Trainers/Contact Number: (\_\_\_\_\_) \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE ISCF EVENT REPRESENTATIVE ONCE COMPLETED**

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