

ISCF GRAPPLING MEMBERSHIP

Membership is LIFETIME Membership

To Register Print out This form & **MAIL** to the **ISCF** With Your Fee of
\$25.00 - \$30.00 If Paying by Visa/MC.

CREDIT CARDS Will Be Charged Thru Our ISCF Graphics Department and Say
FOSTER GRAPHICS on your statement. FAX: (916) 663-4510
Registration Forms WITHOUT FEES will be Disposed of.

ISCF STAFF USE ONLY

- SENT: ____/____/____
- REC: ____/____/____
- PAID: \$_____
- PHOTO - IF ONE: _____

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

If we cannot read your printing, YOUR REGISTRATION WILL NOT BE ACCEPTED

ALL REQUESTED INFORMATION IS MANDATORY!

1. First & Last Name **As You Wish To Be Listed:** _____
2. Upcoming Competition Date (If One) ____/____/____ Competition Info: City: _____ State: _____
3. _____ Male _____ Female
4. Estimated Fight Weight in **Pounds:** _____ Lbs. - Height in **Feet & Inches:** _____ ' _____ "
5. Current **Age:** _____ & Birthday (month, day & year): ____/____/____
6. P.O. Box Or Physical Street Number: _____
7. City: _____ State: _____ Zip: _____ Country: _____
8. CHIEF (1) Trainers Name: (*List SELF if you train yourself*) _____
9. Gym Name: _____
10. Trainers/Contact Number to list in Rankings: (_____) _____

11. FIGHT RECORD - IF NO FIGHTS PLEASE WRITE -0- IN ALL BLANKS

○ **AMATEUR** Fight Record -IF ANY -

- **Grappling:** ____ Wins ____ Loses ____ Draws
- **MMA:** ____ Wins ____ Loses ____ Draws
- **Boxing:** ____ Wins ____ Loses ____ Draws
- **Kickboxing:** ____ Wins ____ Loses ____ Draws

12. I certify the above is true and I confirm so by my signature here:



CC#:	\$ TOTAL AMOUNT PAYING	CARD EXP. DATE ____/____/____
PHONE: (_____) _____	3 DIG SEC CD: _____ - _____ - _____	

Please send all required information and fees to

ISCF Attn: ISCF RANKINGS DEPARTMENT
P.O. Box 1205, 9250 Cypress Street, Newcastle, CA, 95658, USA - (916) 663-2467 - FAX: (916) 663-4510

www.ISCFMMA.com