

# ISCF GRAPPLING

## PROMOTER APPLICATION & REGISTRATION FORM

- To make your event sanctioning request official, Please Print Out this page, fill out and MAIL along with your ISCF Grappling Sanctioning Fees to **ISCF, P.O. Box 1205, Newcastle, CA, 95658, USA. If using CC – See Bottom of Page.**
- Your Sanctioning fees need to be at the **ISCF** Headquarters a MINIMUM 30 Days Prior To your event for the best discount.
- Your event must be approved by the **ISCF** prior to you advertising your event as an **ISCF** Sanctioned Event.

**PLEASE PRINT NEATLY**

**PROMOTERS FULL NAME:** \_\_\_\_\_ - \_\_\_\_\_

- PROPOSED EVENT \*DATE:** Month: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_
  - (\*) If actual date has not been set yet just write in TBA.
- Promotion Company Name:** \_\_\_\_\_
- Name of Promotion/Event:** \_\_\_\_\_
- EVENT LOCATION (Venue Name):** \_\_\_\_\_
- CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **COUNTRY:** \_\_\_\_\_
- Contact Phone Number to be listed on ISCF Events Page:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
- Promoters Web Page Address (If One):** \_\_\_\_\_
- Promoters HOME Address:** \_\_\_\_\_
- Promoters HOME Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
- Promoters Work PHONE Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
- Promoters FAX #:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
- Promoters E-Mail Address:** \_\_\_\_\_ @ \_\_\_\_\_
- Have You Ever Promoted a GRAPPLING Event Before?** \_\_\_\_\_
- IF YES, List "1-2", Locations & Dates of your best GRAPPLING Promotions:**
  - \_\_\_\_\_
  - \_\_\_\_\_
- What size is your Competition Area?** \_\_\_\_\_ X \_\_\_\_\_
- Is your Competition Area a;** \_\_\_ Taped Area, \_\_\_ Mat Area, \_\_\_ Ring, \_\_\_ Cage

- **Please List Your "Requested" ISCF Event OFFICIALS Below**  
If you do not know any Officials please write in "**As Appointed By ISCF**". You will be responsible for all fees related to your event Officials and your **ISCF** Event Representative.
  - "REQUESTED" ISCF Event Representative:** \_\_\_\_\_
- **Promoter Agreement - Please Initial EACH Item:**
  - \_\_\_\_\_ Promoter has read and agrees to all requirements of **ISCF** Sanctioning.
  - \_\_\_\_\_ Promoter has read and agrees to all requirements of **ISCF** Representative.
  - \_\_\_\_\_ Promoter has read and agrees to **ISCF** Grappling Rules & Regulations.
  - \_\_\_\_\_ Promoter agrees to Include in ALL Event Advertisements The **ISCF** Sanctioning Logo placed in the upper left or upper right corner of your ad.

**Promoter agrees to all noted items of this Sanctioning Contract above and all information provided above is true and correct and said promoter proves so by signing and printing his name below.**

Chief Promoters Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Chief Promoters Printed Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

***If your form is sent in unsigned and with no fees - SANCTIONING WILL BE REFUSED***

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