

**ISCF PROMOTER SANCTIONING
EVENT REGISTRATION FORM**



Thank you for choosing **ISCF** Sanctioning for your MMA Event. To make your event sanctioning official, Please Print Out these pages, fill out and send along with your sanctioning fees to **ISCF**. **FORMS MAY BE BY FAX: 916.663-4510, E-MAIL: info@iscfmma OR BY REGULAR MAIL To: ISCF Headquarters at ISCF, P.O. Box 1205, Newcastle, CA, 95658, USA**

- o Your **ISCF** General Event Sanctioning Fee of ****\$195.00**.
- o (**) **This Fee Will Be MORE** if not received here at the **ISCF** Office a **minimum of 30 days prior to your event** as noted on the Sanctioning Fee Schedule page AND of course if you have any **ISCF** Title Bouts on your event..
- For best discount, your **ISCF** Sanctioning Fees should be paid 30 days in advance of your event.
- For **ISCF** Sanctioning Fees Go To **www.ISCFMMA.com/ISCFSanctionFEES.htm**

PLEASE PRINT NEATLY

PROMOTERS FULL NAME: _____

1. **EVENT *DATE:** Month: _____ Date: _____ Year: _____
o (*) If actual date has not been set yet just write in TBA.
2. **EVENT Day:** (Circle One Please) - - - Mon - Tue - Wed - Thur - Fri - Sat - Sun
3. **Promotion Company Name:** _____
4. **Name of Promotion/Event:** _____
5. **EVENT LOCATION (Venue Name) :** _____
6. **CITY:** _____ **STATE:** _____ **COUNTRY:** _____
7. **Contact Phone Number to be listed on ISCF Events Page:** (_____) _____ - _____
8. **Promoters Web Page Address (If One) www.** _____
9. **Promoters Work PHONE Number:** (_____) _____ - _____
10. **Promoters e-mail:** _____
11. **Have You Ever Promoted a Mixed Martial Arts Event Before?** _____
12. **Approximately How many TOTAL Promotions have you done?** _____
13. **Event Matchmakers Name:** _____
14. **Venue Seating Capacity:** _____
15. **What size is your fighting RING / CAGE?** _____ X _____
16. **Number of Proposed Amateur Bouts:** _____
17. **Number of Proposed Pro Bouts:** _____



ISCF SANCTIONING FEE & BOUT INFO

1. **Total Amount Paying To ISCF For General Event Sanctioning Fee:** \$ _____
2. **Total Amount Paying For ISCF TITLE Sanctioning Fees - If ANY:** \$ _____
3. **Total Amount Paying For Title " ISCF BELTS" - If ANY:** \$ _____
4. **TOTAL AMOUNT PAYING TO ISCF FOR EVERYTHING:** \$ _____

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ADDITIONAL EVENT DETAILS



• **Please List Your "Requested" ISCF Event OFFICIALS Below**

- *If you do not know any Officials please write in "As Appointed By ISCF"
- *All Officials will be confirmed or appointed by the ISCF Prior to your event.
- *ISCF Will Appoint your ISCF Event Representative to oversee your event.
- *You will be responsible for all fees related to your Event Officials.
- *You will be responsible for all fees related to your ISCF Event Representative.

1. **ISCF EVENT REPRESENTATIVE**

- If you know an ISCF Event Representative that is either in your area or that you would like to work with, please write his name here: _____

2. **MEDICAL "DOCTOR(S)"**

- _____ AND _____
- Have they ever been a ringside fight DOCTOR for an MMA Event before? _____
- Have they ever been a ringside fight DOCTOR before? _____
- Are they/he/she qualified/certified for TRAUMA Emergencies? Answer Yes or No: _____

3. **TIMEKEEPER:** _____

4. **3 JUDGES**

- _____ - _____ - _____

5. Who are you requesting to be your Event REFEREE(S):

- _____ AND _____

-
- The Below Information & Requirements Will Be Required Of You To Be Faxed, E-Mailed Or Mailed To The **ISCF Headquarters Within 7 Days Prior To Your Event If Approved.**

For now, these answers may be left blank until you provide this information to the ISCF prior to your event.

• **INSURANCE INFO**

1. What Company is Covering Your **FIGHTERS MEDICAL** Coverage: _____

- Coverage amounts: _____
- Policy Number: _____

2. What Company is covering your **VENUE LIABILITY:** _____

- Coverage amounts: _____
- Policy Number: _____

3. Is the ISCF listed as an Additional Insured on "ALL" your Insurance Policies? _____



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 the **ISCF** Representative.
- _____ Promoter has read and agrees to all **ISCF** Ringside Rules & Regulations.
- _____ In Addition - Promoter agrees to the Following as requirements of **ISCF** Sanctioning:

1. Include in ALL Event advertisements, print, audio and TV the following:

_____ **PRINT ADS/Posters/Fliers/Event Program:** The **ISCF** Sanctioning shall be placed in the **UPPER LEFT OR UPPER RIGHT CORNER OF YOUR AD.**

_____ **Audio & or TV:** The following shall always be included in and audio or TV advertisement voiced as: **"This event is Sanctioned by the ISCF, for more info go to www.ISCFMMA.com."**

2. _____ For official record **YOU MUST Film your event:** Minimum of VHS. Once done, you will send to the **ISCF** the "BEST" quality video footage of the event within 7 days after the event.
3. _____ Promoter must cover all travel fees and work fees for all **ISCF** Event Officials.
4. _____ Send BY TYPED E-MAIL, (**NOT PDF FILE or FAX**) a full list of the proposed scheduled bouts (Pro & Amateur) to the **ISCF** a minimum of 5 days prior to your event.

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: ___/___/___

Please send this Form and Fees to: **ISCF Attn: ISCF EVENT PROMOTER**
 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 OR PAYPAY PLEASE FAX THIS FORM IN TO 916-663-4510

- FOR PAY PAL PLEASE USE PAY PAL LINK ON SANCTIONING FEES PAGE -

IF PAYING BY CREDIT CARD WITHOUT PAY PAL PLEASE INCLUDE CC INFO BELOW - PRINT NEATLY!
YOUR STATEMENT WILL SAY "FOSTER GRAPHICS" WHICH IS OUR GRAPHICS DEPARTMENT

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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