

ISCF FIGHTERS LICENSE - REGISTRATION FORM

ISCF STAFF USE ONLY

To Register Print out This form & **MAIL** or **FAX** to **ISCF** With Your Fee of Either
\$10 Single Event Fee or ***\$25.00 LIFETIME Registration.**

Please Add \$5 To Either Fee if Paying By Credit Card, Visa/MC.

**CREDIT CARDS Will Be Charged Thru Our IKF/ISCF Graphics Department
and Say FOSTER GRAPHICS on your statement.**

FAX: (916) 663-4510

Registration Forms WITHOUT FEES will be Disposed of.

- SENT: ___/___/___
- REC: ___/___/___
- PAID: \$ _____
- PHOTO: _____

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

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

1. First & Last Name _____ AGE: _____ DOB: ___/___/___

2. Upcoming Fight Date (If One) ___/___/___ Promoters Name: _____

o Upcoming Fight: City, State: _____

3. CHECK ONE PLEASE: ___ Male ___ Female / ___ Pro ___ Amateur

4. P.O. Box Or Physical Street Number: _____

5. City: _____ State: _____ Zip: _____ Country: _____

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

- o **AMATEUR** Fight record with KOs - *IF ANY* -
 - MMA: ___ Wins ___ Loses ___ Draws
 - Boxing: ___ Wins ___ Loses ___ Draws
 - Kickboxing/Muay Thai: ___ Wins ___ Loses ___ Draws
- o **PROFESSIONAL** Fight record If a PRO
 - MMA: ___ Wins ___ Loses ___ Draws
 - Boxing: ___ Wins ___ Loses ___ Draws
 - Kickboxing/Muay Thai ___ Wins ___ Loses ___ Draws



7. Your Average Weight Is: _____ lbs. - Height: ___' ___"

8. Trainers Name: (*List SELF if you train yourself*) _____

9. **MANDATORY:** Trainers/Contact Number: (_____) _____

10. Have you ever fought as a PRO in ANY Fight or Striking Sport (Boxing, MMA, Kickboxing)?: _____

11. Have you ever been paid money for fighting in A Fight or Striking Sport (Boxing, MMA, Kickboxing)?: _____

12. I certify the above Is true by signature here: _____, Date: ___/___/___

**Please send all required information and fees to: IKF/ISCF Attn: RANKINGS DEPARTMENT
P.O. Box 1205, 9250 Cypress Street, Newcastle, CA, 95658, USA - (916) 663-2467 - FAX: (916) 663-4510**

IF PAYING BY CREDIT CARD AND FAXING IN (916) 663-4510 - PRINT NEATLY! YOUR STATEMENT WILL SAY "FOSTER GRAPHICS" WHICH IS OUR GRAPHICS DEPARTMENT CIRCLE OR CHECK ONE: _____ VISA -OR- _____ MASTERCARD		
CC#: _____ PHONE: (_____) _____	AMOUNT PAID \$ _____	CARD EXP. DATE ___/___/___ 3 DIG SEC CD: ___ - ___ - ___