

ISCF FIGHTERS LICENSE

ISCF STAFF USE ONLY

YEARLY FIGHTER LICENSE FEE IS
\$20.00 PER **ANNIVERSARY YEAR

(**) 365 DAYS FROM WHEN YOU REGISTERED - 1 FULL YEAR

To Attain an ISCF Fighters License Print out This form & MAIL to the ISCF
With Your Yearly Fee of *\$20.00.

Registration Forms WITHOUT FEES will be Disposed of.

• SENT: ___/___/___
• REC: ___/___/___
• PAID: \$ _____

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

IF WE CANNOT READ YOUR PRINTING, YOUR REGISTRATION WILL NOT BE ACCEPTED

1. FIRST & LAST NAME _____
2. UPCOMING FIGHT DATE (IF ONE) ___/___/___
o UPCOMING FIGHT: CITY, STATE OR PROMOTER: _____
3. ___ 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
7.
 - 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
8. YOUR AVERAGE WEIGHT IS: _____ LBS. - HEIGHT: ___'___"
9. AGE: _____ & BIRTHDAY (MONTH, DAY & YEAR): ___/___/___
10. TRAINERS NAME: (LIST SELF IF YOU TRAIN YOURSELF) _____
11. MANDATORY: TRAINERS/CONTACT NUMBER: (_____) _____
12. HAVE YOU EVER FOUGHT AS A PRO IN ANY FIGHT OR STRIKING SPORT (BOXING, MMA, KICKBOXING)?: _____
13. HAVE YOU EVER BEEN PAID MONEY FOR FIGHTING? (BOXING, MMA, KICKBOXING)?: _____
14. LAST OPPONENT (IF ONE): _____ WHERE: _____
15. DATE OF BOUT: ___/___/___ RESULT (WIN OR LOSE ETC): _____
16. I CERTIFY THE ABOVE IS TRUE BY SIGNATURE HERE: _____, ___/___/___



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

www.ISCFMMA.com - www.USAMMA.org