

ISCF TITLE QUALIFICATION INFO FORM

To Qualify For An **ISCF** Title (Pro or Amateur) Print out this form – Fill out in Full and Fax to the **ISCF** at (916) 663-4510.

PLEASE PRINT NEATLY



1. Full Name: _____
2. Fight Weight: _____ - Height: ____' ____" Country: _____
3. Current **Age**: _____ & Birthday (month, day & year): ____/____/____
4. City: _____ State: _____ Zip Code: _____
5. Trainers Name: (*SELF if you train yourself*) _____
6. Contact Phone Number: _____
7. E-Mail (If One): _____@_____

8. AMATEUR MMA FIGHT RECORD WITH KOS IF ANY:

9. _____ Wins _____ Loses _____ Draws _____ WINS BY KO's/TKO'S

10. PROFESSIONAL MMA FIGHT RECORD IF A PRO.

11. _____ Wins _____ Loses _____ Draws _____ WINS BY KO's/TKO'S

12. I certify the above is true and confirm so by my signature here: _____, Date: ____/____/____

| WHEN GIVEN A CHOICE PLEASE CIRCLE CORRECT INFORMATION ABOUT THE BOUT DETAILED | | | | | | | |
|---|-------------|-----------------|----------------|---------------|------------------------------|-----------------|-------------|
| LAST BOUTS | PRO AMATEUR | BOUT RULE STYLE | BOUT DATE | BOUT OPPONENT | BOUT LOCATION EVENT PROMOTER | BOUT RESULT | BOUT WEIGHT |
| 1 | PRO AMATEUR | _____ | ____/____/____ | _____ | _____ | W - L D - NC | _____ |
| 2 | PRO AMATEUR | _____ | ____/____/____ | _____ | _____ | W - L D - NC | _____ |
| 3 | PRO AMATEUR | _____ | ____/____/____ | _____ | _____ | W - L D - NC | _____ |
| 4 | PRO AMATEUR | _____ | ____/____/____ | _____ | _____ | W - L D - NC | _____ |
| 5 | PRO AMATEUR | _____ | ____/____/____ | _____ | _____ | W - L D - NC | _____ |
| 6 | PRO AMATEUR | _____ | ____/____/____ | _____ | _____ | W - L D - NC | _____ |
| 7 | PRO AMATEUR | _____ | ____/____/____ | _____ | _____ | W - L D - NC | _____ |
| 8 | PRO AMATEUR | _____ | ____/____/____ | _____ | _____ | W - L D - NC | _____ |
| 9 | PRO AMATEUR | _____ | ____/____/____ | _____ | _____ | W - L D - NC | _____ |
| 10 | PRO AMATEUR | _____ | ____/____/____ | _____ | _____ | W - L D - NC | _____ |