

ISCF EVENT OFFICIAL LICENSE - REGISTRATION APPLICATION

Print out This form & **MAIL** to the ISCF With Your Application Fee for ONE Certification & \$20 For Each Additional. Add \$5.00 to total If Paying by Visa/MC. Your Fee includes Your ISCF Officials Shirt.



CREDIT CARDS Will Be Charged Thru Our ISCF Graphics Department and Say **FOSTER GRAPHICS on your statement.** FAX: (916) 663-4510.

IT IS BEST TO USE OUR PAY PAL PAYMENT: <http://www.ikfkickboxing.com/IKFPMT.htm>

- - "PLEASE PRINT NEATLY" - -

If we cannot read your printing, YOUR APPLICATION WILL NOT BE ACCEPTED.
Application Forms **WITHOUT FEES** will be Disposed of.

1. First & Last Name _____ AGE: _____
2. P.O. Box Or Physical Street Number: _____
3. City: _____ State/Prov: _____ Zip: _____ COUNTRY: _____
4. Contact Number For Officials Page: (_____) _____
5. BELOW FEES are **LIFETIME** and Include your ISCF Officials Polo Shirt.

- | | |
|--|---|
| <input type="radio"/> _____ JUDGE - \$50.00 | <input type="radio"/> _____ TIMEKEEPER - \$50.00 |
| <input type="radio"/> _____ REFEREE - \$50.00 | <input type="radio"/> _____ GATE KEEPER - \$50.00 |
| <input type="radio"/> _____ INSPECTOR - \$50.00 | <input type="radio"/> _____ REPRESENTATIVE - \$50.00 |

6. OFFICIALS SHIRT

What SIZE Polo Shirt do you wear? ___S / ___M / ___L / ___XL / ___XXL (Add \$10) / ___XXXL (Add \$15)

7. EXPERIENCE - QUALIFICATION

- _____ I have attached a letter explaining my qualifications to be an ISCF Event Official.
- _____ I took an ISCF Certification Course.
 - WHEN: _____
 - WHERE: _____
 - ISCF INSTRUCTOR: _____
- _____ Due to My Experience I Was Approved without an ISCF Certification Course.
 - Who was the ISCF Official that Approved You: _____
 - WHEN & WHERE: _____

8. MANDATORY: E-mail us your headshot photo in a jpg format to info@iscfmma.com

9. I certify the above Is true and I confirm so by my signature here: _____ Date: ___/___/___

Please send this Form and Your Fees to: ISCF Attn: OFFICIALS LICENSE - REGISTRATION
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 NOT MAILING A CHECK IN:

YOU CAN PAY BY CREDIT CARD / CHECK ONE: _____ VISA -OR- _____ MASTERCARD

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CC#: _____ PHONE: (_____) _____	AMOUNT TO CHARGE \$ _____ ADD \$5 For CC Charge	CARD EXPIRES DATE _____ / _____ 3 DIG SEC CD: ____ - ____ - ____
www.ISCFMMA.com		