

IKF CALIFORNIA AMATEUR FIGHTER LICENSE APPLICATION FORM
THIS IS A TEMPORARY LICENSE UNTIL APPROVED AFTER YOUR FIRST EVENT!

Your respectful or disrespectful actions towards officials, trainers and fellow fighters will determine your license approval. If Approved as an IKF Licensed Fighter you will be placed into the Official **IKF** Rankings / Database. The **IKF** is the **ONLY** Sanctioning body for Muay Thai & Kickboxing that has a fighter Rankings and database system for both Amateur & Professional Fighters. The rankings / database include all necessary info for every Licensed IKF Fighter.

Name, City, State, Country, Fight Record, Weight, Height, Date of Birth, Trainers Name, Contact Info.
BELOW IS THE IKF CALIFORNIA AMATEUR FIGHTER LICENSE APPLICATION FORM:

To APPLY Print out This form & **MAIL** to the **IKF** with Your Fee To
IKF, P.O. Box 1205, Newcastle, CA, 95658

IKF STAFF USE ONLY

YEARLY FIGHTER LICENSE FEE IS
\$30.00 PER **ANNIVERSARY YEAR

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

LICENSE APPLICATIONS WITHOUT FEES WILL BE DISPOSED OF.

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

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

IF WE CANNOT READ YOUR PRINTING, YOUR APPLICATION WILL BE DENIED!

1. **NAME: FIRST:** _____ **LAST:** _____ **MIDDLE:** _____

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

3. City: _____ State: _____ Zip: _____ Country: _____

4. Your Average Weight: _____ lbs. - Height: _____' _____" Age: _____ & Birthday (mo, day & year): _____/_____/_____

5. YOUR Contact Number: (_____) _____

6. Have you ever used any other name(s)? ___YES ___NO - _____ Male _____ Female

7. If yes, list name(s): _____

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

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

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

AMATEUR FIGHT RECORD WITH WINS BY KO/TKOS - IF ANY -

- KICKBOXING _____ WINS _____ LOSES _____ DRAWS _____ WINS BY KO/TKO
- MUAY THAI _____ WINS _____ LOSES _____ DRAWS _____ WINS BY KO/TKO
- SMOKER / IN GYM _____ BOUTS
- MMA _____ WINS _____ LOSES _____ DRAWS _____ WINS BY KO/TKO
- PANKRATION _____ WINS _____ LOSES _____ DRAWS _____ WINS BY KO/TKO
- BOXING _____ WINS _____ LOSES _____ DRAWS _____ WINS BY KO/TKO



11. Have you ever been disqualified in any competition? ___YES ___NO

12. If yes, please explain: _____

13. Upcoming Fight Date (If One) _____/_____/_____ - Upcoming Fight Promoter: _____

14. Upcoming Fight City & State: _____

15. Last Opponent (If one): _____

Where: _____ Date of Bout: _____/_____/_____ Result (Win or Lose etc): _____

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

17. Have you ever been paid money for fighting in A Fight/Striking Sport (EX: *Boxing, MMA, Muay Thai, Kickboxing*)?: _____

18. Are you currently licensed with the IKF, California State Athletic Commission or any other state athletic / boxing commission? _____ If So, please provide the following information for each license:

TYPE OF LICENSE

YEAR OF LICENSE & STATE

19. **EMERGENCY CONTACT INFORMATION**

Name _____ Relationship _____ Contact# _____

20. I certify the above is true by my signature here: _____, Date: ___/___/___

IKF Muay Thai - IKF Kickboxing - main@ikfkickboxing.com

www.IKFKickboxing.com - www.IKFMuayThai.com

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