

PAST BOUT HISTORY / EXPERIENCE FORM

For an Adult (18 & Over) to be allowed NOT to wear headgear, or to fight in a "FULL RULES" Muay Thai bout, they must provide to the IKF A PAST HISTORY of their bouts that will provide the IKF with a knowledge of a minimum of 3 - 5 fights in any full contact rule style (*Kickboxing, Muay Thai, San Shou, Boxing, MMA*).

DO NOT INCLUDE: Non Sanctioned Bouts, Smoker Bouts Or any Point & Semi Contact Karate/Kickboxing/Muay Thai.

Please Fill out in Full the below form and scan and e-mail (main@ikfkickboxing.com) or Fax to IKF at (916) 663-4510.

NOTE: IF WE CANNOT READ YOUR WRITING OR ANY INFO ABOUT A BOUT IS MISSING YOU WILL BE AUTOMATICALLY DENIED YOUR REQUEST!!!

PLEASE PRINT NEATLY

1. **YOUR** Full Name: _____
2. Weight: _____ Height: ____' ____" Age: _____ DOB (mo, day & year): ____/____/____ Male ___ Female
4. City: _____ State: _____ Zip Code: _____ Country: _____
5. Trainers Name: (SELF if you train yourself) _____
6. Contact Phone Number: _____ E-Mail (If One): _____

8. AMATEUR FIGHT RECORD WITH KO'S AND OR TKO'S IF ANY:

KICKBOXING / MUAY THAI / SANSYOU: _____ Wins _____ Loses _____ Draws _____ WINS BY KO's/TKO'S

MMA: _____ Wins _____ Loses _____ Draws _____ WINS BY KO's/TKO'S

BOXING: _____ Wins _____ Loses _____ Draws _____ WINS BY KO's/TKO'S

RULE STYLES: FULL CONTACT: FCR - INTERNATIONAL: IR - MUAY THAI: MTR - SAN SHOU: SS - MMA - BOXING
LIST MOST RECENT TO OLDEST BOUT - ONLY NEED UP TO 8 MOST RECENT BOUTS

<u>DATE OF BOUT</u>	<u>RULE STYLE</u>	<u>BOUT VENUE CITY & STATE</u>	<u>EVENT PROMOTER PROMOTER CONTACT #</u>	<u>SANCTIONED BY</u>	<u>WIN? LOSS? DRAW? OR?</u>
____/____/____	_____	_____	_____ (____) _____	_____ OPPONENT: _____	_____
____/____/____	_____	_____	_____ (____) _____	_____ OPPONENT: _____	_____
____/____/____	_____	_____	_____ (____) _____	_____ OPPONENT: _____	_____
____/____/____	_____	_____	_____ (____) _____	_____ OPPONENT: _____	_____
____/____/____	_____	_____	_____ (____) _____	_____ OPPONENT: _____	_____
____/____/____	_____	_____	_____ (____) _____	_____ OPPONENT: _____	_____
____/____/____	_____	_____	_____ (____) _____	_____ OPPONENT: _____	_____
____/____/____	_____	_____	_____ (____) _____	_____ OPPONENT: _____	_____

I Certify the Above Is TRUE & CONFIRM So By My Signature Here: _____, Date: ____/____/____