

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

You Will Apply At The Weigh-Ins of the Event You Are Booked On
 Your **YEARLY FIGHTER LICENSE FEE IS**

\$20.00 PER **ANNIVERSARY YEAR

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

LICENSE APPLICATIONS WITHOUT FEES WILL BE DISPOSED OF.

IKF STAFF USE ONLY

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

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

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

1: FIGHTER'S FIRST NAME

2: FIGHTER'S LAST NAME

3: AGE Birthday (Month, Day & Year): / / **MALE** **FEMALE**

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

5: CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTRY:** _____

6: Your Average Weight: lbs. - **Height:** ' " Have you ever used any other name(s)? ___YES ___NO

7: YOUR Contact Number: () -

8: Have you ever used any other name(s)? ___YES ___NO

9: If yes, list name(s):

10: Trainers Name: (List SELF if you train yourself)

11: MANDATORY: Trainers/Contact Number: () -

12: MANDATORY - "LIST ALL BOUTS" AND ENTIRE FIGHT RECORD - IF NONE 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

13: Have you ever been disqualified in any competition? ___YES ___NO

14: If yes, please explain: _____

15: Upcoming Fight Date (if One) ___/___/___ - **Upcoming Fight Promoter:** _____

16: Upcoming Fight City & State: _____

17: Last Opponent (if one): _____
 Where: _____ Date of Bout: ___/___/___ Result (Win or Lose etc): _____

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

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

20: Are you currently licensed with the IKF, Arizona State Athletic Commission or any other State Athletic / Boxing Commission? _____ If So, please provide the following information for each license:

<u>TYPE OF LICENSE</u>	<u>YEAR OF LICENSE & STATE</u>
_____	_____
_____	_____



21: EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Contact# _____

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