

IKF Event Official LICENSE - REGISTRATION APPLICATION



Print out This form & **MAIL** to the **IKF** With Your Application Fee of \$40.00 for ONE Certification & \$20 For Each Additional - Representatives are \$100.00 (*No Discounts For REPRESENTATIVE*) Add \$5.00 to total If Paying by Visa/MC. Your Fee includes Your IKF Officials Shirt. CREDIT CARDS Will Be Charged Thru Our IKF Graphics Department and Say FOSTER GRAPHICS on your statement. FAX: (916) 663-4510

- - "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. City: _____ State/Prov: _____ Zip: _____ COUNTRY: _____
3. E-MAIL ADDRESS: _____
4. Contact Number For Officials Page: (_____) _____
5. **BELOW FEES ARE PER YEAR.** (Fee Includes IKF Officials Polo Shirt) You are applying to be an Official IKF:
 - _____ **JUDGE - \$40** _____ **TIMEKEEPER - \$40**
 - _____ **REFEREE - \$40** _____ **REPRESENTATIVE - \$100**
 - _____ **INSPECTOR - \$40** _____

6. EXPERIENCE - QUALIFICATION

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

7. **MANDATORY:** E-mail us your headshot photo in a jpg format to main@ikfkickboxing.com
8. What SIZE Polo Shirt do you wear? ___S___M___L___XL___XXL Add \$10) ___XXXL (Add \$15)
9. I certify the above Is true and I confirm so by my signature: _____ Date: ___/___/___

<p>Please send this Form and Fees to: IKF 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 PAYING BY CREDIT CARD PLEASE PRINT NEATLY! CIRCLE OR CHECK ONE: _____ VISA -OR- _____ MASTERCARD</p>								
CC#: _____ PHONE: (_____) _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">AMOUNT TO CHARGE</th> </tr> <tr> <td style="text-align: center; padding: 5px;">\$ _____</td> </tr> <tr> <td style="text-align: center; padding: 2px;">+\$5 For CC Charge</td> </tr> </table>	AMOUNT TO CHARGE	\$ _____	+\$5 For CC Charge	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">CARD EXPIRES</th> </tr> <tr> <td style="text-align: center; padding: 5px;">DATE _____ / _____</td> </tr> <tr> <td style="text-align: center; padding: 2px;">3 DIG SEC CD: _____ - _____ - _____</td> </tr> </table>	CARD EXPIRES	DATE _____ / _____	3 DIG SEC CD: _____ - _____ - _____
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<p>www.IKFKickboxing.com - www.IKFMuayThai.com</p>								