

IKF PROMOTER'S REQUEST TO HOLD EVENT FORM

To Request an IKF Sanctioned/Regulated Event Print out This form & MAIL to the IKF To
IKF, P.O. Box 1205, Newcastle, CA, 95658
or Fax to (916) 663-4510 or scan and e-mail to main@ikfkickboxing.com

TODAYS DATE: ____/____/____ PROPOSED EVENT DATE: ____/____/____

WILL THIS BE AN ALL AMATEUR EVENT / PRO & AMATEUR / ALL PRO

PROMOTERS NAME: _____

PROMOTERS CONTACT NUMBER(S): _____

PROMOTERS WEBSITE ADDRESS: _____

DATE & DAY OF WEEK OF PROPOSED EVENT: _____

CONTACT E-MAIL: _____

NAME OF EVENT): _____

CITY OF PROPOSED EVENT: _____

VENUE OF PROPOSED EVENT: _____

PROPOSED EVENT START TIME: _____

MATCHMAKER & PHONE NUMBER: _____

PROPOSED WEIGH-IN SITE & START TIME: _____

WHAT FIGHTING STYLES WILL BE ON THIS EVENT?

INTERNATIONAL RULES / MUAY THAI RULES / AMERICAN FULL CONTACT / UNIFIED

TELEVISION COVERAGE/NETWORK: _____

Do you want to have IKF Title Bouts on your event? ____ YES ____ NO

If So, what IKF Titles are you Requesting? - ATTACH ADDITIONAL PAPERWORK FOR PROPOSED CONTENDERS.

<u>Amateur or Pro</u>	<u>Rule Style</u>	<u>Weightclass</u>	<u>TITLE REGION (State, National, etc.)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You can have titles Other than IKF Titles. HOWEVER, the Sanctioning body Must be IKF approved.

What Sanctioning Body (Bodies) are you proposing to use _____

You will be required to disclose any and all fees paid to any other sanctioning body. Do you have an estimate as to what these fees may be now and if so, how much? \$ _____

ANY ADDITIONAL INFORMATION: _____

PLEASE SIGN YOUR NAME: _____

www.IKFKickboxing.com

www.IKFMuayThai.com

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