

IKF FIGHTERS REGISTRATION FORM
"PLEASE PRINT NEATLY
IF WE CANNOT READ YOUR PRINTING
YOUR BOUT WILL BE CANCELLED!



1. First & Last Name _____
2. ____ Male ____ Female - Age: ____ & Birthday (month, day & year): ____/____/____
3. City: _____ State: _____ Zip: _____ Country: _____
4. **AMATEUR FIGHT RECORD - IF NO FIGHTS PLEASE WRITE -0- IN ALL BLANKS**
 - Kickboxing/Muay Thai: ____ Wins ____ Loses ____ Draws
 - MMA: ____ Wins ____ Loses ____ Draws
 - Boxing: ____ Wins ____ Loses ____ Draws
5. Your Average Weight Is: _____ lbs. - Height: ____' ____"
6. Trainers Name: (*List SELF if you train yourself*) _____
7. **MANDATORY:** Trainers/Contact Number: (_____) _____

PLEASE RETURN THIS FORM TO THE IKF EVENT REPRESENTATIVE ONCE COMPLETED

www.IKFKickboxing.com - www.IKFMuayThai.com - www.USAKickboxing.org - www.USAMuayThai.org

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