

IKF TITLE QUALIFICATION INFO FORM

To Qualify For An IKF Title (Pro or Amateur) Print out this form – Fill out in Full and Fax to the IKF at (916) 663-4510.

PLEASE PRINT NEATLY



1. Full Name: _____
2. Fight Weight: _____ - Height: ____' ____" Country: _____
3. Current Age: _____ & Birthday (month, day & year): ____/____/____
4. City: _____ State: _____ Zip Code: _____
5. Trainers Name: (*SELF if you train yourself*) _____
6. Contact Phone Number: _____
7. E-Mail (If One): _____ @ _____

8. AMATEUR FIGHT RECORD WITH KOS IF ANY:

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

10. PROFESSION FIGHT RECORD IF A PRO.

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

12. I certify the above is true and confirm so by my signature here: _____, Date: ____/____/____

WHEN GIVEN A CHOICE PLEASE CIRCLE CORRECT INFORMATION ABOUT THE BOUT DETAILED FOR RULE STYLE WRITE: FULL CONTACT: FCR - INTERNATIONAL: IR - MUAY THAI: MTR - SAN SHOU: SS							
LAST BOUTS	PRO AMATEUR	BOUT RULE STYLE	BOUT DATE	BOUT OPPONENT	BOUT LOCATION EVENT PROMOTER	BOUT RESULT	BOUT WEIGHT
1	PRO AMATEUR	_____	____/____/____	_____	_____	W - L D - NC	_____
2	PRO AMATEUR	_____	____/____/____	_____	_____	W - L D - NC	_____
3	PRO AMATEUR	_____	____/____/____	_____	_____	W - L D - NC	_____
4	PRO AMATEUR	_____	____/____/____	_____	_____	W - L D - NC	_____
5	PRO AMATEUR	_____	____/____/____	_____	_____	W - L D - NC	_____
6	PRO AMATEUR	_____	____/____/____	_____	_____	W - L D - NC	_____
7	PRO AMATEUR	_____	____/____/____	_____	_____	W - L D - NC	_____
8	PRO AMATEUR	_____	____/____/____	_____	_____	W - L D - NC	_____
9	PRO AMATEUR	_____	____/____/____	_____	_____	W - L D - NC	_____
10	PRO AMATEUR	_____	____/____/____	_____	_____	W - L D - NC	_____