

ISCF FIGHTERS UPDATE & OR REGISTRATION FORM

**"PLEASE PRINT NEATLY
IF WE CANNOT READ YOUR PRINTING
YOUR BOUT WILL BE CANCELLED!"**



1. First & Last Name _____ Male _____ Female
2. Age: _____ & Birthday (M/D/YR): ____/____/____ Your Average Weight: _____ lbs. - Height: ____' ____"
3. City: _____ State: _____ Zip: _____ Country: _____
4. **AMATEUR FIGHT RECORD - IF NO FIGHTS PLEASE WRITE -0- IN ALL BLANKS**
 - MMA: ____ Wins ____ Loses ____ Draws ◆ Kickboxing/Muay Thai: ____ Wins ____ Loses ____ Draws
 - Boxing: ____ Wins ____ Loses ____ Draws ◆ TOUGHMAN: ____ Wins ____ Loses ____ Draws
5. Last Bout: ____/____/____ **X** Result: W L D ◆ App. Bout End Time: ____:____ Stopped By KO/TKO? _____
6. Have you Every Been Suspended For Any Medical Reasons? _____ Are You Suspended From Fighting Now? _____
7. Have you Every Fought As A PRO In Any Full Contact Fight Sport? _____ Ever Been Paid To Fight? _____
8. Trainers Name: (*List SELF if train yourself*) _____ **E-MAIL:** _____
9. **MANDATORY:** Trainers/Contact Number: (_____) _____ **E-MAIL:** _____
10. I certify all the above Is **TRUE** and confirm by my signature here: _____, Date: ____/____/____

PLEASE RETURN THIS FORM TO THE ISCF EVENT REPRESENTATIVE ONCE COMPLETED
www.ISCFMMA.com www.USAMMA.com www.WorldMMAGames.org

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