

ISCF PROMOTER EVENT REGISTRATION FORM
PLEASE COMPLETE ALL - 3 - PAGES



Thank you for choosing **ISCF** Sanctioning for your MMA Event. To make your event sanctioning official, Please Print Out these pages, fill out and send along with your sanctioning fees to **ISCF**. **FORMS MAY BE BY FAX: 916.663-4510, E-MAIL: info@iscfmma.com OR BY REGULAR MAIL To:**

ISCF Headquarters at ISCF, P.O. Box 1205, Newcastle, CA, 95658, USA

- o Your **ISCF** Sanctioning Fee (See Final Page Of This Form For Your Fees)
- o (**) **This Fee Will Be MORE** if not received here at the **ISCF** Office a **minimum of 30 days prior to your event** as noted on the Sanctioning Fee Schedule page AND of course if you have any **ISCF** Title Bouts on your event..
- For best discount, your **ISCF** Sanctioning Fees should be paid 30 days in advance of your event.
- For **ISCF** Sanctioning Fees Go To **www.ISCFMMA.com/ISCFSanctionFEES.htm**

PLEASE PRINT NEATLY

PROMOTERS FULL NAME: _____

1. **EVENT *DATE:** Month: _____ Date: _____ Year: _____
 - o (*) If actual date has not been set yet just write in TBA.
2. **EVENT Day:** (Circle One Please) - - - Mon - Tue - Wed - Thur - Fri - Sat - Sun
3. **Promotion Company Name:** _____
4. **Name of Promotion/Event:** _____
5. **EVENT LOCATION (Venue Name) :** _____
6. **CITY:** _____ **STATE:** _____ **COUNTRY:** _____
7. **Contact Phone Number to be listed on ISCF Events Page:** (_____) _____ - _____
8. **Promoters Web Page Address (If One) www.** _____
9. **Promoters Work PHONE Number:** (_____) _____ - _____
10. **Promoters e-mail:** _____
11. **Have You Ever Promoted a Mixed Martial Arts Event Before?** _____
12. **Approximately How many TOTAL Promotions have you done?** _____
13. **Event Matchmakers Name:** _____
14. **What size is your fighting RING / CAGE?** _____ X _____
15. **Number of Proposed Amateur Bouts:** _____
16. **Number of Proposed Pro Bouts:** _____



The Below Information & Requirements Will Be Required Of You To Be Faxed, E-Mailed Or Mailed To The ISCF Headquarters Within 7 Days Prior To Your Event If Approved.

For now, these answers may be left blank until you provide this information to the **ISCF** prior to your event.

INSURANCE INFO

1. **What Company is Covering Your FIGHTERS MEDICAL Coverage:** _____
 - Coverage amounts: _____
 - Policy Number: _____
2. **What Company is covering your VENUE LIABILITY:** _____
 - Coverage amounts: _____
 - Policy Number: _____
3. **Promoter MUST LIST The ISCF as an Additional Insured on "ALL" Event Insurance Policies.**

ADDITIONAL EVENT DETAILS

If your event is Regulated "ONLY" by the ISCF and NOT with a State Athletic Commission - Please List Your "Requested" ISCF Event OFFICIALS Below.

- If you do not know any Officials please write in "**As Appointed By ISCF**"
- All Officials will be confirmed or appointed by the **ISCF** Prior to your event.
- **ISCF** Will Appoint your **ISCF** Event Representative to oversee your event.
- You will be responsible for all fees related to your Event Officials.
- You will be responsible for all fees related to your **ISCF** Event Representative.

1. **ISCF EVENT REPRESENTATIVE**

- If you know an **ISCF** Event Representative in your area or that you would like to work with, write his name here:

2. **MEDICAL "DOCTOR(S)"**

- _____ AND _____
- Have they ever been a ringside fight DOCTOR for an MMA Event before? _____
- Have they ever been a ringside fight DOCTOR before? _____
- Are they/he/she qualified/certified for TRAUMA Emergencies? Answer Yes or No: _____

3. TIMEKEEPER: _____

4. 3 JUDGES: _____ - _____ - _____

5. REFEREE(S): _____ AND _____

PROMOTER AGREEMENT - PLEASE INITIAL EACH ITEM:

- _____ Promoter has read and agrees to all requirements of **ISCF** Sanctioning.
- _____ Promoter has read and agrees to all requirements of the **ISCF** Representative.
- _____ Promoter has read and agrees to all **ISCF** Ringside Rules & Regulations.
- _____ Promoter WILL LIST The **ISCF** as an Additional Insured on "**ALL**" Event Insurance Policies.
- Promoter agrees to the Following as requirements of **ISCF** Sanctioning:
 1. Include in ALL Event advertisements, print, audio and TV the following:
 - _____ **PRINT ADS/Posters/Fliers/Event Program:** The **ISCF** Sanctioning shall be placed in the **UPPER LEFT OR UPPER RIGHT CORNER OF YOUR AD.**
 - _____ **Audio & or TV:** The following shall always be included in and audio or TV advertisement voiced as: "**This event is Sanctioned by the ISCF, for more info go to www.ISCFMMA.com.**"
 2. _____ For official record **YOU MUST Film your event:** Minimum of VHS. Once done, you will send to the **ISCF** the "BEST" quality video footage of the event within 7 days after the event.
 3. _____ Promoter must cover all travel fees and work fees for all **ISCF** Event Officials.
 4. _____ Send BY TYPED E-MAIL, (**NOT PDF FILE or FAX**) a full list of the proposed scheduled bouts (Pro & Amateur) to the **ISCF** a minimum of 5 days prior to your event.

Promoter agrees to all noted items of this Sanctioning Contract above and all information provided above is true and correct and said promoter proves so by signing and printing his name below.

Chief Promoters Signature: _____ Date: ____/____/____

Chief Promoters Printed Name: _____ Date: ____/____/____

CONTINUED NEXT PAGE

ISCF SANCTIONING FEES

- **ISCF** "AMATEUR" General Event Sanctioning Fee for events regulated/sanctioned by **ONLY** the **ISCF**: ***\$200.00.**
- **ISCF** "PRO AND OR AMATEUR" Event Sanctioning Fee for events regulated/sanctioned by **ONLY** the **ISCF**: ***\$350.00.**
- **ISCF** "PRO AND OR AMATEUR" Event where State Commission Regulates & Oversees Entire Event: ***\$50.00.**
- (*)The Above fees must be **Paid 30 days prior** to event or fee is more: www.iscfmma.com/ISCFSanctionFEES.htm
- (*)The Above fees do NOT include **Officials Fees & their Travel**: www.iscfmma.com/SanctionOFF-FEES.htm
- (*)The Above fees do NOT include Event or Fighter **Insurance Fees**: www.iscfmma.com/SanctionINS.htm
- (*)The Above fees Do Not include fees for any **ISCF Title Bouts Or Belts**: www.iscfmma.com/ISCFTITLEFEES.htm

ISCF SANCTIONING FEE & BOUT INFO

1. Total Amount Paying To **ISCF** For General Event Sanctioning Fee: \$ _____
2. Total Amount Paying For ISCF TITLE Sanctioning Fees - If ANY: \$ _____
3. Total Amount Paying For Title " ISCF BELTS" - If ANY: \$ _____
4. TOTAL AMOUNT PAYING TO ISCF FOR EVERYTHING: \$ _____

Please send this Form and Fees to: ISCF Attn: ISCF EVENT PROMOTER
 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 OR PAYPAY PLEASE FAX THIS FORM IN TO 916-663-4510
 - FOR PAY PAL PLEASE USE PAY PAL LINK ON SANCTIONING FEES PAGE -

IF PAYING BY CREDIT CARD WITHOUT PAY PAL PLEASE INCLUDE CC INFO BELOW - PRINT NEATLY!
YOUR STATEMENT WILL SAY "FOSTER GRAPHICS" WHICH IS OUR GRAPHICS DEPARTMENT
 CIRCLE OR CHECK ONE: VISA -OR- MASTERCARD

CC#: _____	AMOUNT TO CHARGE \$ _____	CARD EXPIRES DATE _____ / _____
PHONE: (_____) _____	+\$5 For CC Charge	3 DIG SEC CD: _____ - _____ - _____



www.ISCFMMA.com