

# ISCF FIGHTERS LICENSE

ISCF STAFF USE ONLY

YEARLY FIGHTER LICENSE FEE IS  
\$20.00 PER \*\*ANNIVERSARY YEAR

(\*\*) 365 DAYS FROM WHEN YOU REGISTERED - 1 FULL YEAR

To Attain an ISCF Fighters License Print out This form & MAIL to the ISCF  
With Your Yearly Fee of \*\$20.00.

Registration Forms WITHOUT FEES will be Disposed of.

• SENT: \_\_\_/\_\_\_/\_\_\_  
• REC: \_\_\_/\_\_\_/\_\_\_  
• PAID: \$ \_\_\_\_\_

----- "PLEASE PRINT NEATLY" -----

IF WE CANNOT READ YOUR PRINTING, YOUR REGISTRATION WILL NOT BE ACCEPTED

1. FIRST & LAST NAME \_\_\_\_\_
2. UPCOMING FIGHT DATE (IF ONE) \_\_\_/\_\_\_/\_\_\_  
o UPCOMING FIGHT: CITY, STATE OR PROMOTER: \_\_\_\_\_
3. \_\_\_ MALE \_\_\_ FEMALE / \_\_\_ PRO \_\_\_ AMATEUR
4. P.O. BOX OR PHYSICAL STREET NUMBER: \_\_\_\_\_
5. CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_
6. FIGHT RECORD - IF NO FIGHTS PLEASE WRITE -0- IN ALL BLANKS
7.
  - o **AMATEUR** Fight record with KOs - *IF ANY* -
    - MMA: \_\_\_ Wins \_\_\_ Loses \_\_\_ Draws
    - Boxing: \_\_\_ Wins \_\_\_ Loses \_\_\_ Draws
    - Kickboxing/Muay Thai: \_\_\_ Wins \_\_\_ Loses \_\_\_ Draws
  - o **PROFESSIONAL** Fight record If a PRO
    - MMA: \_\_\_ Wins \_\_\_ Loses \_\_\_ Draws
    - Boxing: \_\_\_ Wins \_\_\_ Loses \_\_\_ Draws
    - Kickboxing/Muay Thai \_\_\_ Wins \_\_\_ Loses \_\_\_ Draws
8. YOUR AVERAGE WEIGHT IS: \_\_\_\_\_ LBS. - HEIGHT: \_\_\_' \_\_\_"
9. AGE: \_\_\_\_\_ & BIRTHDAY (MONTH, DAY & YEAR): \_\_\_/\_\_\_/\_\_\_
10. TRAINERS NAME: (LIST SELF IF YOU TRAIN YOURSELF) \_\_\_\_\_
11. MANDATORY: TRAINERS/CONTACT NUMBER: (\_\_\_\_\_) \_\_\_\_\_
12. HAVE YOU EVER FOUGHT AS A PRO IN ANY FIGHT OR STRIKING SPORT (BOXING, MMA, KICKBOXING)?: \_\_\_\_\_
13. HAVE YOU EVER BEEN PAID MONEY FOR FIGHTING? (BOXING, MMA, KICKBOXING)?: \_\_\_\_\_
14. LAST OPPONENT (IF ONE): \_\_\_\_\_ WHERE: \_\_\_\_\_
15. DATE OF BOUT: \_\_\_/\_\_\_/\_\_\_ RESULT (WIN OR LOSE ETC): \_\_\_\_\_
16. I CERTIFY THE ABOVE IS TRUE BY SIGNATURE HERE: \_\_\_\_\_, \_\_\_/\_\_\_/\_\_\_



Please send all required information and fees to:

IKF/ISCF Attn: RANKINGS DEPARTMENT  
P.O. Box 1205, 9250 Cypress Street, Newcastle, CA, 95658, USA - (916) 663-2467

**www.ISCFMMA.com - www.USAMMA.org**