

# ISCF TITLE QUALIFICATION INFO FORM

To Qualify For An **ISCF** Title (Pro or Amateur) Print out this form – Fill out in Full and Fax to the **ISCF** 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 MMA FIGHT RECORD WITH KOS IF ANY:**

9. \_\_\_\_\_ Wins \_\_\_\_\_ Loses \_\_\_\_\_ Draws \_\_\_\_\_ WINS BY KO's/TKO'S

**10. PROFESSIONAL MMA FIGHT RECORD IF A PRO.**

11. \_\_\_\_\_ Wins \_\_\_\_\_ Loses \_\_\_\_\_ Draws \_\_\_\_\_ WINS BY KO's/TKO'S

12. I am seeking approval for what event: Name, State & Date: \_\_\_\_\_

**WHEN GIVEN A CHOICE PLEASE CIRCLE CORRECT INFORMATION ABOUT THE BOUT DETAILED**

LAST BOUTS	PRO AMATEUR	BOUT RULE STYLE	BOUT DATE	BOUT OPPONENT	BOUT LOCATION EVENT PROMOTER CITY-STATE-EVENT	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	_____

13. I certify all the above is **TRUE** and confirm by my signature here: \_\_\_\_\_, Date: \_\_\_\_/\_\_\_\_/\_\_\_\_