

IKF USE ONLY

BOUT: _____

CORNER: _____

IKF FIGHTERS INFO UPDATE FORM
"PLEASE PRINT NEATLY
IF WE CANNOT READ YOUR PRINTING
YOUR BOUT WILL BE CANCELLED!



1. First & Last Name _____ Age: _____ Weight: _____ lbs.
2. ___ Male ___ Female - Height: ___'___" - Birthday (month, day & year): ___/___/___
3. City: _____ State: _____ Zip: _____ Country: _____
4. WHEN WAS YOUR LAST BOUT: ___ / ___ / ___ WHERE: _____ RESULT: _____
5. ARE YOU UNDER ANY SUSPENSION BY ANY STATE COMMISSION OR SANCTIONING BODY: _____
6. EVER FOUGHT AS A PRO FIGHTER: _____ EVER BEEN KNOCKED OUT AND IF SO, WHEN: _____
7. AMATEUR FIGHT RECORD - IF NO FIGHTS PLEASE WRITE -0- IN ALL BLANKS
 - Kickboxing/Muay Thai: ___Wins ___Loses ___Draws / WINS BY KO OR TKO: _____
 - MMA: ___Wins ___Loses ___Draws / WINS BY KO OR TKO: _____
 - Boxing: ___Wins ___Loses ___Draws / WINS BY KO OR TKO: _____
8. Trainers Name: (List SELF if you train yourself) _____
9. MANDATORY: Trainers/Contact Number: (_____) _____
10. This information is Truthful and I prove so by signing my name HERE: _____

PLEASE RETURN THIS FORM TO THE IKF EVENT REPRESENTATIVE ONCE COMPLETED
www.IKFKickboxing.com - www.IKFMuayThai.com - www.USAKickboxing.org - www.USAMuayThai.org

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