

IKF CALIFORNIA AMATEUR PROMOTER'S REQUEST TO HOLD EVENT FORM

To Request an IKF California Sanctioned/Regulated Amateur Event Print out This form & MAIL to the IKF To
IKF, P.O. Box 1205, Newcastle, CA, 95658
Or Fax to (916) 663-4510 or scan and e-mail to main@ikfkickboxing.com

TODAYS DATE: ____/____/____

PROPOSED EVENT DATE: ____/____/____

PROMOTERS NAME: _____

PROMOTERS CONTACT NUMBER(S): _____

PROMOTERS WEBSITE ADDRESS: _____

DATE & DAY OF WEEK OF PROPOSED EVENT: _____

CONTACT E-MAIL: _____

CITY OF PROPOSED EVENT: _____

VENUE OF PROPOSED EVENT: _____

PROPOSED EVENT START TIME: _____

MATCHMAKER & PHONE NUMBER: _____

PROPOSED WEIGH-IN SITE & START TIME: _____

WILL THIS BE AN ALL AMATEUR EVENT OR PRO & AMATEUR?

WHAT FIGHTING STYLES WILL BE ON THIS EVENT?

Kickboxing Muay Thai American Full Contact MMA Boxing

() Will require another or additional sanctioning body in California.*

TELEVISION COVERAGE/NETWORK: _____

PROPOSED MAIN EVENT: _____

If you wish to have titles other than IKF Titles YOU CAN. However, the Sanctioning body must be IKF approved.

What Sanctioning Body (Bodies) are you proposing to us _____

You will be required to disclose any and all fees paid to any other sanctioning body. Do you have an estimate as to what these fees may be now and if so, how much? \$ _____

PROPOSED CHAMPIONSHIP BOUT(S): _____

ANY ADDITIONAL INFORMATION: _____

FULL DISCLOSURE

Is there any person or business entity, other than the licensed promoter of record for this event that will receive revenues or other compensation from the sale of tickets or from the sale of souvenirs, programs, broadcast rights, or any other concessions in conjunction with the promotion of the program of matches? **YES NO**

If **YES**, Please include copies of contractual arrangements. If **YES**, please provide complete details to include Name, Address, Telephone Number and Anticipated Revenue Source (ticket sales, television rights, concessions, etc.) (Use additional sheet if necessary.)

NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____

ANTICIPATED SOURCE OF REVENUE: _____