

IKF PROMOTER - EVENT REGISTRATION FORM



Thank you for applying to be an **IKF** Sanctioned Event & IKF Licensed Promoter. To begin, please Print Out these pages, fill out and send to the **IKF** Headquarters in one of the following ways

- **MAIL TO:** IKF, P.O. Box 1205, 9250 Cypress Street, Newcastle, CA, 95658, USA.
- **SCAN AND E-MAIL TO:** main@ikfkickboxing.com
- **FAX TO:** (916) 663-4510
- **SANCTIONING DEADLINES AND FEES:** If your event is less than 35 days from this mailing, please note this on the top of this form when you mail it in with the understanding that your fees will increase as noted on the Sanctioning Fee Schedule page. When sending in this form, please check on the sanctioning fee page for the correct fee schedule. This page can be found here: <http://www.ikfkickboxing.com/SancFEES.htm> - If you are unclear as to your fee to pay or have any questions before sending your application in, please contact the **IKF** directly at (916) 663-2467.

SECTION 1 - PROMOTER / EVENT INFORMATION

(*) IKF Promoters who have sanctioned within 6 months prior to this event do not need to fill out these sections unless info has changed.

PLEASE PRINT NEATLY

1. **PROPOSED EVENT DATE:** Month: _____ Date: _____ Year: _____
If actual date has not been set yet just write in TBA.
2. **PROMOTERS NAME:** _____ M _____ F AGE _____
3. ***RESIDENCE ADDRESS:** _____
4. ***CITY:** _____ **STATE/PROV:** _____ **ZIP:** _____ **COUNTRY:** _____
5. ***PHONE: CELL:** _____ **BUSINESS:** _____
6. ***FAX:** _____ **EMAIL:** _____
7. **PROMOTIONAL COMPANY NAME:** _____
8. ***ADDRESS:** _____
9. ***CITY:** _____ **ST/PROV:** _____ **ZIP:** _____ **COUNTRY:** _____
10. **NAME OF EVENT:** _____
11. **EVENT LOCATION (Venue Name) :** _____
12. **CITY:** _____ **STPROV:** _____ **COUNTRY:** _____
13. **PHONE NUMBER ON WEB PAGE FOR CONTACT:** (_____) _____ - _____
14. **WEB SITE ADDRESS: www.** _____
15. **Number of Proposed AMATEUR Bouts If Any:** _____ **Number of Proposed PRO Title Bouts If Any:** _____

SECTION 2 - EVENT OFFICIALS

o Event Officials are assigned by the **IKF**. Most (Not All) can be found on the IKF Officials Page. The **IKF** does allow you to "**REQUEST**" Officials that may have worked other events with other sanctioning bodies or State Athletic Commissions. Although the **IKF** cannot promise they will be appointed to your event, we will review their qualifications and experience and if qualified, we would allow such officials to work your event. So, if you have certain officials you have seen work and would like to have them work your event, you may request to the IKF to do so.

- **IKF REPRESENTATIVE:** _____ **APPOINTED BY IKF OR** _____ **REQUESTED BY YOU**
 - _____ Last Event They Worked: _____
 - What Sanctioning Body(s) Have They Worked For: _____
 - **IKF REFEREE(S) :** _____ **APPOINTED BY IKF OR** _____ **REQUESTED BY YOU**
 - _____ Last Event They Worked: _____
 - What Sanctioning Body(s) Have They Worked For: _____
 - **IKF JUDGES:** _____ **APPOINTED BY IKF OR** _____ **REQUESTED BY YOU**
 - _____ Last Event They Worked: _____
 - What Sanctioning Body(s) Have They Worked For: _____
 - **IKF TIMEKEEPER:** _____ **APPOINTED BY IKF OR** _____ **REQUESTED BY YOU**
 - _____ Last Event They Worked: _____
 - What Sanctioning Body Have They Worked For: _____
- o **OFFICIALS FEES:** You will be required for all Officials Fees related to your event as noted on the IKF Officials Fees Page as well as your **IKF** Event Representative Fees as noted on the IKF Event Representative page.

SECTION 3 - PROMOTER'S HIRED MEDICAL "DOCTOR(S)"

AND

- o Have they ever been a ringside fight DOCTOR for an IKF Event? Answer Yes or No: _____
- o When and where: _____
- o If no, have they ever been a ringside fight DOCTOR? Answer Yes or No: _____
- o Are they/he/she qualified/certified for TRAUMA Emergencies? Answer Yes or No: _____

SECTION 4 – INSURANCE

MANDATORY minimum coverage of \$2,500.00 in **FIGHTER MEDICAL INSURANCE. Some States Require More.**
Please send in all your Event insurance (Fighter liability and Venue Liability) information to the IKF in one of the above noted ways within 5 Days Prior To Your Event.

- What Company is Covering Your Fighters Medical Coverage: _____
- **IKF MUST BE LISTED** as an Additional/ Secondary Insured on "ALL" your Insurance Policies
 - o **SUGGESTED** insurance company of the IKF is **FL Dean – Please See: www.ikfkickboxing.com/SanctionINS.htm**

SECTION 5 - SANCTIONING FEES & PROMOTER AGREEMENT

- o Total Amount Paying For General Event Sanctioning Fee: \$ _____
- o YOUR BASE SANCTIONING FEE COVERS UP 12 BOUTS: \$ _____
- o **ADD \$20.00 PER BOUT AFTER 12.** \$ _____
- o If ANY: Total Amount Paying For **TITLE** Sanctioning Fees: \$ _____
- o If ANY: Total Amount Paying For **TITLE BELTS:** \$ _____

o **TOTAL AMOUNT PAYING TO IKF FOR ALL FEES: \$ _____**

**IF PAYING BY CREDIT CARD PLEASE COMPLETE THIS SECTION.
FAXING (916) 663-4510 - OR E-MAILING IN
- PRINT NEATLY -**

PLEASE NOTE THAT ALL OUR CREDIT CARD CHARGES ARE RUN THRU OUR GRAPHICS DEPARTMENT.
BECAUSE OF THIS, YOUR STATEMENT WILL SAY "**FOSTER GRAPHICS**" WHICH IS OUR GRAPHICS DEPARTMENT

PLEASE CHECK ONE: _____ VISA -OR- _____ MASTERCARD

CC#: _____	AMOUNT PAID	CARD EXP. DATE _____ / _____ / _____
PHONE: (_____) _____	\$ _____	3 DIG SEC CD: _____ - _____ - _____

PROMOTER AGREES TO THE FOLLOWING AS MANDATORY REQUIREMENTS OF IKF SANCTIONING

Include in ALL Event advertisements, print, audio and TV the following:

- ____ PRINT ADS/Posters/Fliers/Event Program: IT MUST CLEARLY SAY on your ad that this is an IKF SANCTIONED EVENT AND INCLUDE The IKF Sanctioning Logo 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 is an IKF Sanctioned Event - for more info go to IKFKickboxing.com.***"

A MINIMUM 5 DAYS PRIOR TO YOUR EVENT

____ Full bout list of proposed scheduled bouts. "E-Mail" to the **IKF** as they would appear in the **IKF** Rankings.

WITHIN 10 DAYS AFTER YOUR EVENT

____ **YOU MUST** Film your event: Minimum of VHS or DVD. Once done, you will send to the **IKF** the "BEST" quality footage within 10 days of event. Not doing so will result in a "Non Compliance Fine" of \$500.00.

Promoter agrees to all noted items of this IKF 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 Printed Name: _____ Date: ____/____/____

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