

IKF TRAINERS LICENSE – REGISTRATION FORM



Please print out this form, fill it out & mail or fax, along with your License/Registration Fee of \$20 for 1 Full Year (*Year starts when we receive this form*) to

IKF P.O. Box 1205, Newcastle, CA, 95658, USA or FAX to 916.663.4510

PLEASE "PRINT" NEATLY

1. Your Name: _____ AGE: _____
2. Your Physical Address: _____
3. Your Gym/Club Name: _____
4. Your Gym/Club Mailing Address if Different of Above.

5. Your Gym/Club Phone Number: _____
6. What RULE STYLE do You Teach: ___ Full Contact ___ Intl. ___ Muay Thai ___ San Shou
7. Do you teach COMPETITIVE Kickboxers/Muay Thai Fighters? ___ YES ___ NO
8. Your Training Background In Kickboxing and or Muay Thai. (Use back if necessary)
 - _____
 - _____
 - _____
9. Your PAST EXPERIENCE (Competition if any) In Kickboxing and or Muay Thai. (Use back if necessary)
 - _____
 - _____
 - _____

Please send this Form and your TRAINERS LICENSE - REGISTRATION Fee of \$20 to:

IKF Attn: TRAINERS LICENSE - REGISTRATION

P.O. Box 1205, 9250 Cyprus Street, Newcastle, CA, 95658, USA - (916) 663-2467 - FAX: (916) 663-4510

REGISTRATION FORMS WITHOUT FEES WILL BE DISPOSED OF.

IF PAYING BY CREDIT CARD (\$30) AND FAXING IN (916) 663-4510 - PRINT NEATLY!
CREDIT CARDS Will Be Charged Thru Our IKF Graphics Department and Say
FOSTER GRAPHICS on your statement. FAX: (916) 663-4510
PLEASE CHECK ONE: ___ VISA -OR- ___ MASTERCARD

CC#: _____

\$25.00

CARD EXP. DATE _____ / _____ / _____

PHONE: (_____) _____

3 DIG SEC CD: _____ - _____ - _____

www.IKFKickboxing.com - www.IKFMuayThai.com