IKF EVENT OFFICIAL
LICENSE - REGISTRATION APPLICATION

Print out This form & **MAIL** to the **IKF** With Your Application Fee As Stated Below. Add $5.00 to total If Paying by Visa/MC. If Approved as An IKF Official, your fee will include your IKF Officials Shirt. CREDIT CARDS Will Be Charged Thru Our IKF Graphics Department and Say **FOSTER GRAPHICS** on your statement.
FAX: (916) 663-4510

- - "PLEASE PRINT NEATLY" - -

If we cannot read your printing, YOUR APPLICATION WILL NOT BE ACCEPTED!
Application Forms WITHOUT FEES will be Disposed of

1. **FIRST NAME** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
2. **LAST NAME** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
3. **AGE** ☐☐ **Birthday (Mo, Day & Year):** ☐☐ / ☐☐ / ☐☐ **M** ☐ **F** ☐
4. **CITY:** _____ **STATE:** _____ **ZIP:** _____ **COUNTRY:** _____
5. **E-MAIL ADDRESS** _____
6. **CONTACT NUMBER FOR OFFICIALS PAGE** (☐☐☐) ☐☐☐ ☐☐☐☐
7. **BELOW FEES ARE PER YEAR.** (**NEW** *Fee Includes IKF Officials Shirt*) **You are applying to be an Official IKF:**

   o ____ **JUDGE: $75** / ____ **RENEW: $25** o _____ **TIMEKEEPER: $75** / ____**RENEW: $25**

   o ____ **REFEREE: $75** / ____ **RENEW: $25** o _____ **REPRESENTATIVE: $100 /** ____**RENEW: $25**

   o ____ **INSPECTOR: $75** / ____ **RENEW: $25** o _____ _____

8. **EXPERIENCE - QUALIFICATION**
   o _____ I have attached a letter explaining my qualifications to be an IKF Event Official.
   o _____ I took an IKF Certification Course - **COURSE MUST SAY "IKF CERTIFICATION COURSE"**
   - WHEN: _____
   - WHERE: _____
   - **IKF** INSTRUCTOR:_____

   o _____ Due to My Experience I Was Approved without an IKF Certification Course.
   - Who was the IKF Official that Approved You: _____
   - WHEN & WHERE: _____
9. **MANDATORY:** E-mail us your headshot photo in a jpg format to **main@ikfkickboxing.com**
10. What SIZE **POLO SHIRT** do you wear? ___S ___M ___L ___XL ___XXL Add $10) ___XXXL (Add $15)
11. I certify the above Is true and I confirm so by my signature:_____ Date: ___/___/___

Please send this Form and Fees to: IKF Attn: IKF OFFICIALS LICENSE - REGISTRATION
P.O. Box 1205, 9250 Cypress 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 PLEASE ADD $5.00 TO FEE AND PRINT NEATLY!
CHECK ONE: _____VISA -OR- _____MASTERCARD

	AMOUNT TO CHARGE	CARD EXPIRES
CC#: _____ _____ _____ _____	$_____	**DATE**_____/_____
PHONE: (_____) _____ _____	+$5 For CC Charge	**3 DIG SC:** ____ - ____ - ____

www.IKFKickboxing.com - www.IKFMuayThai.com