

IKF CALIFORNIA PROMOTER - EVENT REGISTRATION FORM

Thank you for applying to be an **IKF** (Muay Thai / Kickboxing) Sanctioned Event & IKF Licensed Promoter in the State of California. 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, Newcastle, CA, 95658 / **PHYSICAL:** IKF, 9250 Cypress Street, Newcastle, CA, 95658
- **SCAN AND E-MAIL TO:** main@ikfkickboxing.com
- **SANCTIONING DEADLINES AND FEES:** If your event is less then 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 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 unclear as to your fee, please contact the **IKF** at (916) 663-2467.

SECTION 1 - PROMOTER / EVENT INFORMATION

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. **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 Title Bouts If Any:** _____

SECTION 2 – INSURANCE

MANDATORY minimum coverage of **\$20,000.00** in **FIGHTER MEDICAL INSURANCE.**

Please send in all your Event Insurance (Fighter liability and Venue Liability) information to the IKF by Fax or Scanned & e-mailed 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
 - The Preferred Insurance company of the IKF is **FL Dean** – Please See: www.ikfkickboxing.com/SanctionINS.htm

SECTION 3 - PROMOTER AGREEMENT

PROMOTER AGREES TO THE FOLLOWING AS MANDATORY REQUIREMENTS OF IKF SANCTIONING

Include In ALL Event Advertisements, Print, Audio, **SOCIAL MEDIA ADS** And TV The Following:

____ **PRINT ADS/POSTERS/FLIERS/EVENT PROGRAM MUST 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." OR: **"IKFMuayThai.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 For DVD & send to the **IKF** the "BEST" quality footage **WITHIN 10 DAYS OF EVENT.**
NOT DOING SO WILL RESULT IN A LICENSE SUSPENSION & A "NON COMPLIANCE FINE" OF \$500.00.

SECTION 4 - SANCTIONING FEES

- Total Amount Paying For General Event Sanctioning Fee: (Covers Up To *12 Bouts) \$ _____
- (*) **FOR EACH BOUT OVER 12:**
 - **ADD \$20.00 PER BOUT PRIOR TO YOUR EVENT.** \$ _____
 - **OR PAY \$30 PER BOUT OVER 12 AFTER YOUR EVENT WEIGH-INS.**

**FEE DUE WILL BE BASED ON
NUMBER OF SCHEDULED BOUTS WITHIN 48 HOURS PRIOR TO WEIGH-IN.**

- If ANY: Total Amount Paying For **IKF TITLE** Sanctioning Fees: \$ _____
- If ANY: Total Amount Paying For **IKF TITLE BELTS:** \$ _____

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

1. **PAYING BY PAY PAL GO TO:** <http://www.ikfkickboxing.com/IKFPMT.htm> - AFTER PAYMENT IS MADE, E-MAIL PAY PAL REC & SCANNED LICENSE FORM TO main@ikfkickboxing.com
2. **MAILING IN FEES:** IKF, P.O. Box 1205, Newcastle, CA, 95658, USA
Physical For FedEx / Express: IKF, 9250 Cypress Street, Newcastle, CA, 95658, USA

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/her name below.

Chief Promoters Printed Name: _____ Date: ____/____/____

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



INTERNATIONAL KICKBOXING / MUAY THAI FEDERATION
IKF World Headquarters
P.O. Box 1205, Newcastle, California, 95658, USA



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