

IAB FIGHTERS LICENSE - REGISTRATION FORM

To Register Print out This form & **MAIL** to the IAB
With Your Fee of *\$25.00 - \$30.00 If Paying by Visa/MC.
**CREDIT CARDS Will Be Charged Thru Our IAB Graphics Department and Say
FOSTER GRAPHICS on your statement. FAX: (916) 663-4510**
Registration Forms WITHOUT FEES will be Disposed of.

IAB STAFF USE ONLY

- SENT: ___/___/___
- REC: ___/___/___
- PAID: \$ _____
- PHOTO: _____

- - - - - "PLEASE PRINT NEATLY" - - - - -

If we cannot read your printing, YOUR REGISTRATION WILL NOT BE ACCEPTED

1. First & Last Name _____

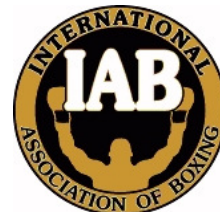
2. _____ Male _____ Female / _____ Pro _____ Amateur

3. P.O. Box Or Physical Street Number: _____

4. City: _____ State/Prov: _____ Zip/PC: _____ Country: _____

5. FIGHT RECORD - IF NO FIGHTS PLEASE WRITE -0- IN ALL BLANKS

- **AMATEUR** Fight record with KOs - *IF ANY* -
 - Boxing: _____ Wins _____ Loses _____ Draws
 - MMA: _____ Wins _____ Loses _____ Draws
 - Kickboxing: _____ Wins _____ Loses _____ Draws
- **PROFESSIONAL** Fight record **IF A PRO**
 - Boxing: _____ Wins _____ Loses _____ Draws
 - MMA: _____ Wins _____ Loses _____ Draws
 - Kickboxing: _____ Wins _____ Loses _____ Draws



6. Your Average Weight Is: _____ lbs. - Height: _____' _____"

7. **Age:** _____ & Birthday (month, day & year): _____/_____/_____

8. Trainers Name: (*List SELF if you train yourself*) _____

9. **MANDATORY:** Trainers/Contact Number: (_____) _____

10. Have you ever fought as a PRO in ANY Fight or Striking Sport (Boxing, MMA, Kickboxing)?: _____

11. Have you ever been paid money for fighting in A Fight/Striking Sport (Boxing, MMA, Kickboxing)?: _____

12. I certify the above Is true by signature here: _____, Date: ___/___/___

**Please send all required information and fees to: IAB Attn: RANKINGS DEPARTMENT
P.O. Box 1205, 9250 Cypress Street, Newcastle, CA, 95658, USA - (916) 663-2467 - FAX: (916) 663-4510**

IF PAYING BY CREDIT CARD AND FAXING IN (916) 663-4510 - PRINT NEATLY! YOUR STATEMENT WILL SAY "FOSTER GRAPHICS" WHICH IS OUR GRAPHICS DEPARTMENT CIRCLE OR CHECK ONE: _____ VISA -OR- _____ MASTERCARD		
CC#: _____ PHONE: (_____) _____	\$30.00	CARD EXP. DATE _____ / _____ / _____ 3 DIG SEC CD: _____ - _____ - _____