

PAST BOUT HISTORY / EXPERIENCE FORM

For an Adult (18 & Over) to be allowed NOT to wear headgear, or to fight in a "FULL RULES" Muay Thai bout, they must provide to the IKF A PAST HISTORY of their bouts that will provide the IKF with a knowledge of a minimum of 3 - 5 fights in any full contact rule style (Kickboxing, Muay Thai, San Shou, Boxing, MMA).

DO NOT INCLUDE: Non Sanctioned Bouts, Smoker Bouts Or any Point & Semi Contact Karate/Kickboxing/Muay Thai.

Please Fill out in Full the below form and scan and e-mail to mastershahin@aol.com.

NOTE: IF WE CANNOT READ YOUR WRITING OR AMY INFO ABOUT A BOUT IS MISSING YOU WILL BE AUTOMATICALLY DENIED YOUR REQUEST!!!

PLEASE PRINT NEATLY

1. YOUR Full Name: _____

2. Weight: _____ Height: ____' ____" Age: _____ DOB (mo, day & year): ____/____/____ Male
____ Female

3. City: _____ State: _____ Zip Code: _____ Country:

4. Trainers Name: (SELF if you train yourself) _____

5. Contact Phone Number: _____ E-Mail (If One):

6. AMATEUR FIGHT RECORD WITH KO'S AND OR TKO'S IF ANY: KICKBOXING / MUAY THAI /
SANSHOU: _____ Wins _____ Loses _____ Draws _____ WINS BY KO'S/TKO'S MMA:
_____ Wins _____ Loses _____ Draws _____ WINS BY KO'S/TKO'S BOXING: _____ Wins
_____ Loses _____ Draws _____ WINS BY KO'S/TKO'S RULE STYLES: FULL CONTACT: FCR -
INTERNATIONAL: IR - MUAY THAI: MTR - SAN SHOU: SS - MMA - BOXING LIST MOST RECENT TO OLDEST
BOUT - ONLY NEED UP TO 8 MOST RECENT BOUTS DATE OF RULE BOUT VENUE EVENT PROMOTER
SANCTIONED WIN? LOSS? BOUT STYLE CITY & STATE PROMOTER CONTACT # BY DRAW? OR?

____/____/____ _____
_____ (____) _____ OPPONENT:

_____/____/_____
_____ (____)

OPPONENT: _____

_____/____/_____
_____ (____)

OPPONENT: _____

_____/____/_____
_____ (____)

OPPONENT: _____

_____/____/_____
_____ (____)

OPPONENT: _____

_____/____/_____
_____ (____)

OPPONENT: _____

_____/____/_____
_____ (____)

OPPONENT: _____

_____/____/_____
_____ (____)

OPPONENT: _____

_____ I Certify the Above Is TRUE & CONFIRM So By
My Signature Here: _____, Date: ____/____/____