

# ISCF GRAPPLING MEMBERSHIP

Membership is LIFETIME Membership

To Register Print out This form & **MAIL** to the **ISCF** With Your Fee of  
**\$25.00 - \$30.00 If Paying by Visa/MC.**

**CREDIT CARDS Will Be Charged Thru Our ISCF Graphics Department and Say  
 FOSTER GRAPHICS on your statement. FAX: (916) 663-4510  
 Registration Forms WITHOUT FEES will be Disposed of.**

## ISCF STAFF USE ONLY

- SENT: \_\_\_/\_\_\_/\_\_\_
- REC: \_\_\_/\_\_\_/\_\_\_
- PAID: \$ \_\_\_\_\_
- PHOTO - IF ONE: \_\_\_\_\_

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

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

## ALL REQUESTED INFORMATION IS MANDATORY!

1. First & Last Name **As You Wish To Be Listed:** \_\_\_\_\_
2. Upcoming Competition Date (If One) \_\_\_/\_\_\_/\_\_\_ Competition Info: City: \_\_\_\_\_ State: \_\_\_\_\_
3. \_\_\_ Male \_\_\_ Female
4. Estimated Fight Weight in **Pounds:** \_\_\_\_\_ Lbs. - Height in **Feet & Inches:** \_\_\_' \_\_\_"
5. Current **Age:** \_\_\_\_\_ & Birthday (month, day & year): \_\_\_/\_\_\_/\_\_\_
6. P.O. Box Or Physical Street Number: \_\_\_\_\_
7. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_
8. CHIEF (1) Trainers Name: *(List SELF if you train yourself)* \_\_\_\_\_
9. Gym Name: \_\_\_\_\_
10. Trainers/Contact Number to list in Rankings: ( \_\_\_\_\_ ) \_\_\_\_\_

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

- **AMATEUR** Fight Record - *IF ANY* -
  - **Grappling:** \_\_\_ Wins \_\_\_ Loses \_\_\_ Draws
  - **MMA:** \_\_\_ Wins \_\_\_ Loses \_\_\_ Draws
  - **Boxing:** \_\_\_ Wins \_\_\_ Loses \_\_\_ Draws
  - **Kickboxing:** \_\_\_ Wins \_\_\_ Loses \_\_\_ Draws

12. I certify the above is true and I confirm so by my signature here:

\_\_\_\_\_, Date: \_\_\_/\_\_\_/\_\_\_



CC#: _____ PHONE: (_____) _____	\$ _____ <b>TOTAL AMOUNT                  PAYING</b>	CARD EXP. DATE ___/___/___ 3 DIG SEC CD: ___ - ___ - ___
------------------------------------	---	---

**Please send all required information and fees to**

**ISCF Attn: ISCF RANKINGS DEPARTMENT  
 P.O. Box 1205, 9250 Cypress Street, Newcastle, CA, 95658, USA - (916) 663-2467 - FAX: (916) 663-4510**

**[www.ISCFMMA.com](http://www.ISCFMMA.com)**