



WKF WORLD KICKBOXING FEDERATION LTD

ALL PAYMENTS TO BE MADE BY: "WESTERN UNION TRANSFER"

C/o: Mr Robert Wilesmith

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WKF PRO & AM TITLE FIGHT APPLICATION

Please provide the following information.

Promoter of WKF Event: _____ Email: _____

Date of Event: ____/____/____ Venue: _____

City: _____ State: _____ Country: _____

Which WKF Title: _____

Style of fighting: _____ Professional or Amateur? (Please Circle)
(Full-Contact, Low-kick, K-1, Muay Thai, MMA, Sanda, WKFECS)

Official Weight Category: _____ Is the fight for a Vacant Title: YES or NO?
If "NO" then please provide the following:
_____ WEIGHT DIVISION Kg/Lbs: _____

WKF Current Title Champion:

Full Name: _____ Gym: _____ City/Country: _____

Fight Record: Wins _____ Draws _____ Losses _____ Current WKF Title: _____

WKF Current Title Challenger:

Full Name: _____ Gym: _____ City/Country: _____

Fight Record: Wins _____ Draws _____ Losses _____ Any Titles Held: _____

IF WKF TITLE VACANT, FILL OUT FIGHTERS DETAILS BELOW:

Fighter One:

Full Name: _____ Gym: _____ City/Country: _____

Fight Record: Wins _____ Draws _____ Losses _____ Any Previous Titles: _____

Fighter Two:

Full Name: _____ Gym: _____ City/Country: _____

Fight Record: Wins _____ Draws _____ Losses _____ Any Previous Titles: _____

Signed by WKF Licensed Promoter: x _____ Country: _____

Print Name of WKF Licensed Promoter: _____ Date: ____/____/____