



www.wkfkickboxing.net

WORLD KICKBOXING FEDERATION

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WKF TITLE FIGHT APPLICATION

Please provide the following information.

Promoter of Event:

Date of Event:

Venue:

City, State and Country:

Level of Title:

(Continental, Intercontinental, World)

Style of Kickboxing:

(Full Contact, Lowkick, K-1 rules, Muay Thai, MMA)

Weight category:

Is the fight for a vacant title, Yes or No?

If **“NO”** then please provide the following:

Champion:

(Please include, full name, city, Gym and country they are from, complete fight record and previous titles held)

Proposed Challenger:

(Please include, full name, city, Gym and country they are from, complete fight record and previous titles held)

If **“YES”** then please provide the following:

Proposed Fighter #1:

(Please include, full name, city, Gym and country they are from, complete fight record and previous titles held)

Proposed Fighter #2:

(Please include, full name, city, Gym and country they are from, complete fight record and previous titles held)

Date, sign and stamp of the promoter _____