IAB PAST BOUT HISTORY / EXPERIENCE FORM

For an Adult (18 & Over) to be allowed NOT to wear headgear, they must provide to the IAB A PAST HISTORY of their bouts that will provide the IAB with a knowledge of a minimum of 3 - 5 fights in any full contact rule style fighting (Boxing, *Kickboxing, Muay Thai, MMA*).

NOT INCLUDED ARE:

- Any NON SANCTIONED BOUTS OR "SMOKER STYLE" BOUTS.
- Point & Semi Contact Karate/Boxing/Kickboxing/Muay Thai.

Please Fill out in Full the below form and scan and e-mail (info@iabboxing.com) or Fax to IAB at (916) 663-4510.

NOTE: IF WE CANNOT READ YOUR WRITING YOU WILL BE AUTOMATICALLY DENIED YOUR REQUEST!!!

NEATLY					
Height: _	'" Age:	DOB (m	o, day & year):		Male Female
	Stat	e:	Zip Code:	Country:	
e: (SELF if yo	ou train yourself)				
			E-Mail (If Or	ne):	
		_Wins	Loses	Draws	WINS BY KO's/TKO'S
		_Wins	Loses	Draws	WINS BY KO's/TKO'S
MUAY THA I	SANSHOU:	_Wins	Loses	Draws	WINS BY KO's/TKO'S
					SS
_					WIN? LOSS? DRAW? OR?
		_ ()			
_		_ ()			
_		_ ()			
_		_ ()			
_		_ ()			
		()			
		()			
	e: (SELF if your end of the Number: GHT RECORMUAY THA IABOXING: BXCENT TO OLE STYLE	Height:'" Age:State: (SELF if you train yourself)e Number:	Height:'" Age:DOB (m		