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# WORLD KICKBOXING FEDERATION

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## WKF MMA 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)

**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