



NEW PROMOTER APPLICATION

NAME _____ D.O.B _____

RESIDENCE ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: CELL: _____ BUSINESS: _____

FAX: _____ EMAIL: _____

PROMOTIONAL COMPANY NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRESENT EMPLOYER _____ HOW LONG? _____

THREE CREDIT REFERENCES:

NAME

ADDRESS

ACCOUNT #

THREE PERSONAL REFERENCES:

NAME

ADDRESS

PHONE NUMBER

HISTORY OF PAST PROMOTIONS (OF ANY NATURE WITH DATES)

MARTIAL ARTS / COMBAT SPORT BACKGROUND

**PLEASE ENCLOSE A NON-REFUNDABLE ANNUAL FEE OF \$100.00 U.S. PAYABLE TO ISKA
AND MAIL TO 12921 SW 1ST ROAD, SUITE 107, PMB 341 JONESTOWN, FL 32669**

_____ PROMOTER'S SIGNATURE

_____ WITNESS'S SIGNATURE

DATED THIS _____ DAY OF _____, 20_____.