

Combat Sports League

WKA USA Registration

Official Registration

First Name: _____ Last Name: _____
Street Address: _____ City _____
State: _____ Zip: _____ Country: _____
Phone:() _____ Email: _____

What type(s) of official are you interested in working as?

- Inspector
- Timekeeper
- Scorekeeper
- Judge
- Referee

Approximately how many rounds of experience, if any, have you have had as each of the following?

Inspector _____
Timekeeper _____
Scorekeeper _____
Judge _____
Referee _____

Are you licensed as an official by any other organization or state? yes no

If so, please list/describe licences _____

Are you willing to work only in your state/location outside of your state/location?

Additional information _____