



IOWA ATHLETIC COMMISSION



PROMOTER EVENT APPLICATION/NOTICE FOR LICENSE & APPROVED OFFICIALS FORM

Form is due to the Athletic Commission **30 days prior** to the event date.

MMA Boxing Kick Boxing

Date: ____ - ____ - ____ Approved by: _____
(Office use)

Professional Amateur Pro-Am In-Door or Out-Door Event

PROMOTER INFORMATION

Promoter Name: _____ Full Promoter Name on Bond: _____

Promoter Representative First Name: _____ Last Name: _____ Phone No.: ____ - ____ - ____

Address: _____ City: _____ St.: _____ Zip: _____

EVENT INFORMATION

Date: ____ - ____ - ____ Event Location Name: _____ Time: ____:____ AM or PM

Address: _____ City: _____ St: _____ Zip: _____

MATCHMAKER INFORMATION

Name: _____ Phone No.: ____ - ____ - ____

Address: _____ City: _____ St.: _____ Zip: _____

FIGHTER MEETING INFORMATION

Location Address: _____ City _____ Time of Meeting: ____:____ AM or PM

PHYSICAL INFORMATION - *****Mandatory: Please attach copy of physician's current license to practice medicine*****

Physician Name: _____ Phone No: ____ - ____ - ____

Address: _____ City: _____ St: _____ Zip: _____

Time: ____:____ AM or PM Place: _____ E-mail Address: _____

Address: _____ City: _____ St: _____ Zip: _____

WEIGH-IN INFORMATION

Name of Official Conducting: _____ Phone No. ____ - ____ - ____

Date: ____ - ____ - ____ Time: ____:____ AM or PM

Address: _____ City: _____ St: _____ Zip: _____

REFEREE(S) INFORMATION (2 Required)

TIMEKEEPERS INFORMATION (1 Required)

Name: _____ Phone No: ____ - ____ - ____ Name: _____ Phone No: ____ - ____ - ____

Name: _____ Phone No: ____ - ____ - ____ Name: _____ Phone No: ____ - ____ - ____

JUDGES INFORMATION (3 Required)

Name: _____ Phone No: ____ - ____ - ____ Name: _____ Phone No: ____ - ____ - ____

Name: _____ Phone No: ____ - ____ - ____ Name: _____ Phone No: ____ - ____ - ____

Emergency Medical Services - Rule 177.2(10) - *****Mandatory: Please attach copy of letter from ambulance service & on letter include name of EMT attending event*****

Name of Ambulance Service: _____ Phone No: ____ - ____ - ____

Program No. _____ City: _____ State: _____ Zip _____

Security Firm & Law Enforcement - Rule 177.2(6)

Firm Name: _____ Phone No.: ____ - ____ - ____ Law Enforcement: _____ Phone No.: ____ - ____ - ____

Individual in charge of cleaning between rounds - Rule 177.2(11)

Name: _____ Phone No.: ____ - ____ - ____