

# Iowa Athletic Commission

## Promoter Event Form

This form must be submitted **30 days prior to the event**. Questions, contact Pam Conner at 515-725-5602 or [pamela.conner@iwd.iowa.gov](mailto:pamela.conner@iwd.iowa.gov) or Iowa Division of Labor – Athletics, 1000 East Grand Avenue, Des Moines, IA 50319.

**MMA**

**Professional**

**Indoor Event**

**Boxing**

**Amateur**

**Outdoor Event**

**Kick Boxing**

**Pro-Am**

### PROMOTER

Promoter Name	Promoter Name on Bond	Promoter Representative Name	Phone Number		
Address	City	State	Zip	Email Address	

### EVENT

Date	Event Location Name	Time		
		AM	PM	
Address	City	State	Zip	

### MATCHMAKER

Name	Address	City	State	Zip	Phone Number
------	---------	------	-------	-----	--------------

### FIGHTER MEETING

Location Address	City	Time		
		AM	PM	

### PHYSICAL

Physician Name	Address	City	State	Zip	
Phone Number	Email Address	Time	AM	PM	Place
Address	City	State	Zip		

### WEIGH-IN

Name of Official	Phone	Date	Time		
			AM	PM	
Address	City	State	Zip		

### REFEREES (2 Required)

Name	Phone Number	Name	Phone Number
------	--------------	------	--------------

### TIMEKEEPER (1 Required)

Name	Phone Number	Name	Phone Number
------	--------------	------	--------------

### JUDGES (3 Required)

Name	Phone Number	Name	Phone Number
Name	Phone Number	Name	Phone Number

### EMERGENCY MEDICAL SERVICES – Rule 177.2(10) – Email or letter from a mbulance service including name of EMT attending event

Name of Ambulance Service	Phone Number	City	State	Zip
---------------------------	--------------	------	-------	-----

### LAW ENFORCEMENT AND SECURITY FIRM – Rule 177.2(6)

Law Enforcement Name	Phone Number	Security Firm Name	Phone Number
----------------------	--------------	--------------------	--------------

### CLEANING BETWEEN ROUNDS – Rule 177.2(11)

Name	Phone Number
------	--------------