

Promoter Event Form

This form must be submitted **30 days prior to the event.**

MMA Professional Boxing Amateur
Kick Boxing Pro-Am Indoor Event Outdoor Event

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
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FIGHTER MEETING

Location address		City	Time		AM	PM
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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 number	Date	Time		AM	PM
Address		City		State	Zip		

REFEREES (2 Required)

Name	Phone number	Name	Phone number
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TIMEKEEPER (1 Required)

Name	Phone number	Name	Phone number
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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
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LAW ENFORCEMENT AND SECURITY FIRM – Rule 177.2(6)

Law enforcement	Phone number	Security firm name	Phone number
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CLEANING BETWEEN ROUNDS – Rule 177.2(11)

Name	Phone number
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