MN Office of Combative Sports

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St. Paul, MN 55155
(651) 284-5366 FAX (651) 539-0269
Email: **matt.schowalter@state.mn.us**
Website: www.dli.mn.gov

Event Request Form

- Application is for use by Promoter's licensed by the MN Office of Combative Sports
- Promoter must read and comply with applicable Office of Combative Sports Regulations when submitting this form
- Request Form must be received by the Office of Combative Sports at least six (6) weeks prior to the proposed Event Date
- Application should be submitted with a $500 non-refundable and non-transferable event fee deposit

Promoter Name	**Promoter Phone Number**
Promoter Email Address	**Promoter Website**

I/we make a request for the following Event:

Type of Event: ☐ **Boxing** ☐ **MMA** ☐ **Amateur** ☐ **Professional** ☐ **Pro/AMMY**	**For Office Use Only:** **Date Received:** **Deposit Info:**
Event Name:	
Event Venue:	**Event Date:**
Event Venue Address:	
Event Start Time:	**Proposed Number of Bouts:**
Weigh-in Location:	**Weigh-in Start Time:**
Weigh-in Address:	

Signature below certifies the forgoing information is true and accurate and the Promoter will comply with all applicable Regulations

Signed:_____ _____ Date: _____
Promoter/Promoter's Representative Title

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Standard Form – ELA0217-2010