

## **Event request form**

Application is for use by promoters licensed by the Minnesota Office of Combative Sports. Promoter must read and comply with applicable Office of Combative Sports regulations when submitting this form. Promoter must be licensed and request form must be received by the Office of Combative Sports at least six weeks prior to the proposed event date. Application should be submitted with a \$500 non-refundable and non-transferable event fee deposit.

| Promoter name  | Phone number             |
|--|--------------------------|
| Promoter email   | Website address          |
| Type of event: Boxing MMA  | FOR OFFICE USE ONLY      |
|  | Date received:           |
| Amateur Professional Pro/AMMY  | Permit Number:           |
| 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   |                          |
| Promoter/Promoter's representative signature below certifies this information is true and accurate and promoter will comply with all applicable regulations. |                          |
| Signature  | Date                     |