

Oregon State Athletic Commission 500 Airport Rd. SE Salem, OR 97301 PH: (503)871-5091 FAX: (503)540-1440



Professional Boxing Promoter Event Application

Professional Boxing Promoter:

To adequately plan for the regulation of proposed Professional Boxing Events, please provide the following information to request an event date a minimum of 60 days prior to the proposed event date. Promoter may be held responsible for the scheduled fees of officials that are assigned if the event is subsequently cancelled. Events may not be authorized if adequate officials or resources are not available. Bouts must be submitted and changes updated regularly. Insurance and Officials Fees are due by 4:30 PM three days prior to the event.

Promoter:					
Event Matchmaker:					
Sanctioning Body:					
Proposed Event Date:					
Time of Event:					
Proposed Event Location/ Venue:					
Address 1					
Address 2					
City					
Postal Code					
Weigh In Preference?	Day of the Event Day Before Event (cannot be more than 24 Hrs prior to scheduled event start without OSAC approval)				
Proposed location of weigh-in:					
Proposed time of weigh-in:					

		•	e Event (cannot be more s prior to scheduled)	
Max Capacity	<i>y</i> :			
Estimated Ev	ent Attendance: Estimated Gross			
Receipts: (\$)				
Estimated 6% Tax due (\$ due within 5 days of the event)				
Maximum Nu	mber of Scheduled Pro Contests:			
Will there be	television coverage?	YES	NO	
If so, will the	weigh-in be televised?	YES	NO	
Please use the attached schedule sheet for all scheduled contests. Please indicate if a contest is to be considered a title contest. Please indicate Professional or Amateur.				
I declare under penalty of perjury under the laws of the State of Oregon that I am named as an officer of the above promotion and as such am authorized to submit this application.				
Promoter:	Printed Name			
	Signature		Date Signed	

Day of the Event

Pre-fight Medical's Preference?