



Oregon State Athletic Commission
 3565 Trelstad Ave. SE
 Salem, OR 97317
 PH: (503)378-8739 FAX: (503)378-2530



Entertainment Wrestling Promoter
 Event Application

Entertainment Wrestling Promoter:

To adequately plan for the regulation of proposed Entertainment Wrestling Events, please provide the following information to request an event date a minimum of 30 days prior to the proposed event date.

Promoter:

Proposed Event Date:

Time of Event:

Proposed Event Location

Venue: Address 1

Address 2

City

Postal Code

Max Capacity:

Estimated Event Attendance (# of people expected)

Receipts: (\$)

Estimated 6% Tax Due (\$ due within 5 days of the event)

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