



**OREGON STATE POLICE**  
**Oregon State Athletic Commission**  
500 Airport Rd SE  
Salem, OR 97301  
TELEPHONE: 503-871-5091  
EMAIL: OSAC@osp.oregon.gov  
FAX: 503-540-1440

## Unarmed Combat Sports Event Application

### Promoter Event Application (Please Check All That Apply)

Boxing     Kickboxing     Mixed Martial Arts (MMA)     Muay Thai

**Unarmed Combat Sports Promoter:** To adequately plan for the regulation of proposed unarmed combat sports 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 entered on ABC Mixed Martial Arts 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:

Zip Code:

Proposed location of weigh-in:

Proposed time of weigh-in:

Weigh In Preference:

- Day of the Event
- Day Before Event (cannot be more than 24 Hrs prior to scheduled event start without OSAC approval)

Pre-fight Medical's Preference?

- Day of the Event
- Day Before Event (cannot be more than 24 Hrs prior to scheduled event start without OSAC approval)

Maximum Number of Scheduled Amateur Contests:

Maximum Number 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:

**Promoter's Signature:**

Date:

Max Capacity:

Receipts: (\$)

Estimated Event Attendance (# of people expected)

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