

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAWN NEWSOM, GOVERNOR

DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA STATE ATHLETIC COMMISSION

2005 Evergreen St., Suite 2010, Sacramento, CA 95815

P (916) 263-2195 | TTY (800) 326-2297 | www.dca.ca.gov/csac

## **REQUEST TO HOLD EVENT**

Type of Event:	Boxing □	Mixed Martial Arts □	Kickboxing/ Muay Thai □
Promotion Company Name:			
Event Date:	e: Event Start Time:		
Event Venue:			City:
Event Venue Address:	:		City:
Weigh-In Venue:	Weigh-In Start Time:		
Weigh-In Venue Address:			
Will the Event be Televised: YES □ NO □ If YES, please list the television network:			
Is a Title/ Championship Bout Scheduled: YES □ NO □			
If YES, name of Championship/Title Sanctioning Body:			
Medical Coordinator Contact Information:			
Matchmaker Contact Information:			
Accounting Contact Information:			
For Office Use Only: Arbiter Reference Numbers			
Event #:	Event We	eigh-In #: Co	mmission Contact:
California Code of Regulations Article 5, § 253. Drinks. Clubs shall be responsible to see that all drinks are dispensed in paper cups.			
FULL DISCLOSURE: Is there any person or business entity, other than the licensed promoter of record for this event that will receive revenues or other compensation from the sale of tickets or from the sale of souvenirs, programs, broadcast rights, or any other concessions in conjunction with the promotion of the program of matches?  YES  NO			
If YES, please include copies of contractual arrangements AND provide complete details to include Name, Address, Telephone Number and Anticipated Revenue Source (ticket sales, television rights, concessions, etc.). Use additional sheet if necessary.			
Name:			
Address:			
Telephone Number:		Anticipated Source of Re	venue:
*I hereby certify that the foregoing information is accurate and true to the best of my knowledge.			
Promoter Signature:			Date:

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