



California State Athletic Commission
 2005 Evergreen St., Ste. #2010
 Sacramento, CA 95815
 www.dca.ca.gov/csac/
 (916) 263-2195 FAX (916) 263-2197



REQUEST TO HOLD EVENT

PROMOTER:	TYPE OF EVENT:
DATE/TIME OF THIS REQUEST:	PRIMARY PERSON/CONTACT NUMBER(S) FOR THIS EVENT:
DATE/DAY OF WEEK OF PROPOSED EVENT:	CONTACT EMAIL:
VENUE OF PROPOSED EVENT & START TIME:	MATCHMAKER & PHONE NUMBER:
WEIGH-IN SITE & START TIME:	TELEVISION COVERAGE/NETWORK:
MAIN EVENT:	SANCTIONING BODY/CONTACT INFORMATION:
CHAMPIONSHIP BOUT(S).	
ADDITIONAL INFORMATION:	

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. If YES, please 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:	NAME:
ADDRESS:	ADDRESS:
TELEPHONE NO.:	TELEPHONE NO.:
ANTICIPATED SOURCE OF REVENUE:	ANTICIPATED SOURCE OF REVENUE: