



**Professional Boxing, Wrestling and Martial Arts
 EVENT CARD ADDITIONS AND/OR DELETIONS FORM**

1. Date of Event _____
MM/DD/YYYY
2. Times of the Event – Start Time: _____ Bell Time: _____
3. Location of Event – Name of Facility _____
4. Location of Event – Street Address _____

 City _____ State _____ Zip Code _____

5. Event's Virginia License Number

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6. Promoter's Numbers _____
Primary Telephone Alternate Telephone Facsimile

7. Card Additions

Federal ID No.	Contestant's Name		Contestant's Name	Number of Rounds
		vs		
		vs		
		vs		
		vs		
		vs		

8. Card Deletions

Federal ID No.	Contestant's Name		Contestant's Name	Number of Rounds
		vs		
		vs		
		vs		
		vs		
		vs		

9. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Department's decision to license to the specified event. I have read, understand, and will conduct the event in full compliance with all the laws related to boxing and wrestling events under the provisions of Title 54.1, Chapter 8.1 of the *Code of Virginia* and the *Virginia Professional Boxing and Wrestling Regulations*.

Promoter's Signature _____ Date _____

Required Documentation

- Evidence (i.e., photocopies of insurance cards, etc.) that all boxers scheduled to compete are covered by a health insurance policy that covers medical expenses for injuries incurred during the boxing event, has a minimum of coverage of \$50,000 and an accidental death insurance benefit coverage in a minimum amount of \$50,000 and meets all requirements specified in 15 USC § 6304.