Commonwealth of Virginia
Department of Professional and Occupational Regulation
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## Professional Boxing, Wrestling and Martial Arts PROMOTER PAYOUT REPORT

Page \_\_\_\_ of \_\_\_\_ 1. Date of Event Times of the Event – Start Time: Bell Time: 3. Location of Event - City/County Event's Virginia License Number 5. Type of Event Boxing Wrestling Amount Participant Approval Participant's Name **VA License Number** Stage Name Contracted to Pay Initials Total Paid or Contracted to Pay for Page 1 Total Paid or Contracted to Pay for Page 2 Total Paid or Contracted to Pay for Page 3 **Grand Total Total Number of Participants** 

I certify all information and computations are correct.

(Initial)