Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-0186
www.dpor.virginia.gov

Department of Professional and Occupational Regulation

Boxing, Martial Arts, and Professional Wrestling Program
PROMOTER PAYOUT REPORT
Page _____ of _____

1. Date of Event _____
2. Times of the Event - Start Time: _____ Bell Time: _____
3. Location of Event - City/County _____
4. Event's Virginia License Number ☐☐☐☐☐☐☐☐☐☐
5. Type of Event ☐ Boxing ☐ Wrestling

Approval	Participant's Name	Virginia License Number	Stage Name	Amount Contracted to Pay	Participant Signature

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 computation are correct.

Promoter's Signature: _____