



ADDITIONS/SUBSTITUTIONS/DELETIONS TO PROPOSED BOXING/MARTIAL ARTS BOUT CARD

This information may be filed with the Department any time up to the day of the event. The Department has the right to approve or disapprove any and/or all of the proposed bouts. No bout shall be advertised until the Department has approved the event AND the pairing of the contestants for the bout(s) to be advertised.

OFFICIAL RECORDS: For Boxing, a current copy of the official record from Fight Fax, Inc. obtainable at www.fightfax.com, must be submitted for each proposed contestant unless the proposed contestant is making a professional debut. For Martial Arts, a current copy of the official record from the MMA fighter database at Mixed Martial Arts obtainable at www.mixedmartialarts.com, and any other record information must also accompany the proposed Bout Card unless the proposed contestant is making a professional debut. The Bout Card must also be registered with MMA Fighter Database at www.mixedmartialarts.com.

MEDICAL COVERAGE: Evidence of coverage by a health insurance policy that covers medical expenses for injuries incurred during the event, has a minimum 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 must be submitted for each proposed contestant.

Event Type: Boxing Event Martial Arts

Promoter Name: _____ Event Date: _____ Location: _____

Type	Bout	Corner	Contestant's Legal Name	Virginia License No.	Federal/National ID#	Date of Birth	Male/Female*	# of Rounds	Max. Weight	Fight Card Attached?
<input type="radio"/> Addition <input type="radio"/> Substitution <input type="radio"/> Deletion		Red								N <input type="checkbox"/> Y <input type="checkbox"/>
		Blue								N <input type="checkbox"/> Y <input type="checkbox"/>
<input type="radio"/> Addition <input type="radio"/> Substitution <input type="radio"/> Deletion		Red								N <input type="checkbox"/> Y <input type="checkbox"/>
		Blue								N <input type="checkbox"/> Y <input type="checkbox"/>
<input type="radio"/> Addition <input type="radio"/> Substitution <input type="radio"/> Deletion		Red								N <input type="checkbox"/> Y <input type="checkbox"/>
		Blue								N <input type="checkbox"/> Y <input type="checkbox"/>
<input type="radio"/> Addition <input type="radio"/> Substitution <input type="radio"/> Deletion		Red								N <input type="checkbox"/> Y <input type="checkbox"/>
		Blue								N <input type="checkbox"/> Y <input type="checkbox"/>
<input type="radio"/> Addition <input type="radio"/> Substitution <input type="radio"/> Deletion		Red								N <input type="checkbox"/> Y <input type="checkbox"/>
		Blue								N <input type="checkbox"/> Y <input type="checkbox"/>
<input type="radio"/> Addition <input type="radio"/> Substitution <input type="radio"/> Deletion		Red								N <input type="checkbox"/> Y <input type="checkbox"/>
		Blue								N <input type="checkbox"/> Y <input type="checkbox"/>
<input type="radio"/> Addition <input type="radio"/> Substitution <input type="radio"/> Deletion		Red								N <input type="checkbox"/> Y <input type="checkbox"/>
		Blue								N <input type="checkbox"/> Y <input type="checkbox"/>

* Female contestants are not permitted to compete more than 10 rounds during a contest.

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The Matchmaker, hereby certifies that the proposed bouts are to the best of my ability and knowledge, true competitive bouts based upon weight, skill level, experience and style or discipline. I understand that making a false statement or omitting facts may subject a contestant to injury or death and it may cause for suspension or revocation of my license. I also understand that continually submitting poor pairings and or not closely monitoring the submission of pairings, or not turning in required pairing records in a timely manner may be cause for suspension or revocation of my license and will more than likely cause the bout(s) to be disapproved.

MATCHMAKER'S REPRESENTATIVE SIGNATURE: (Additional signatures may be added to the back on this sheet if necessary.)

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

The Promoter, hereby certifies that the proposed bouts are to the best of my ability and knowledge, or that of the matchmaker whom I have employed for this event, true competitive bouts based upon weight, skill level, experience and style or discipline. I understand that making a false statement or omitting facts may subject a contestant to injury or death and it may cause for suspension or revocation of my license. I also understand that continually submitting poor pairings (by me or the matchmaker I employ) and or not closely monitoring the submission of pairings, or not turning in required pairing records in a timely manner may be cause for suspension or revocation of my license and will more than likely cause the bout(s) to be disapproved.

PROMOTER'S REPRESENTATIVE SIGNATURE:

Print Name _____ Signature _____ Date _____