Oregon State Athletic Commission
4190 Aumsville Hwy SE
Salem, OR 97317
PH: (503)378-8739 FAX: (503)378-2530

Professional Boxing
Promoter Event Application

Professional Boxing Promoter:
To adequately plan for the regulation of proposed Boxing Events, please provide the following information to request an event date a minimum of 60 days prior to the proposed event date. Promoter may be held responsible for the scheduled fees of officials that are assigned if the event is subsequently cancelled. Events may not be authorized if adequate officials or resources are not available. Fight Fax Reports must be submitted to the Commission for each competitor on the card. Insurance and Officials Fees are due by 4:30 PM three days prior to the event.

Promoter:

Event Matchmaker:

Proposed Event Date:

Time of Event:

Proposed Event Location/ Venue:

Address 1

Address 2

City

Postal Code

Weigh In Preference?

- ◯ Day of the Event
- ◯ Day Before Event (cannot be more than 24 Hrs prior to scheduled event start)

Proposed location of weigh-in:

Proposed time of weigh-in:

Pre-fight Medical's Preference?

- ◯ Day of the Event
- ◯ Day Before Event (cannot be more than 24 Hrs prior to scheduled event start)

Max Capacity:

Estimated Event Attendance: Estimated Gross

Receipts: ($)

Estimated 6% Tax due ($ due within 72 hours of the event)

Maximum Number of Scheduled Amateur Contests:

Maximum Number of Scheduled Pro Contests:

Will there be television coverage? ◯ YES ◯ NO

If so, will the weigh-in be televised? ◯ YES ◯ NO

I declare under penalty of perjury under the laws of the State of Oregon that I am named as an officer of the above promotion and as such am authorized to submit this application.

Promoter:

Printed Name

Signature

Date Signed

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Pre-Fight Plan

Promoter: _____

Promoter Event Contact: _____ Phone: _____

Venue: _____

Venue Contact: _____ Phone: _____

Venue Address: _____

Does this venue have an emergency evacuation plan in place? YES ☐ NO ☐

Will there be a venue representative trained in this plan at your events? YES ☐ NO ☐

Name: _____ Phone: _____

_____

Security Company: _____

Contact: _____ Phone: _____

Ambulance Company: _____

Contact Name: _____ Phone: _____

Nearest ER (Physician Staffed): _____

_____ Phone: _____

Nearest Neuro Surgical Facility: _____

_____ Phone: _____

Any known security threats? YES ☐ NO ☐ Please Explain: _____

_____

Please Provide:

- ☐ Venue Safety Evacuation Map
- ☐ Seating Plan
- ☐ Injured Competitor Evacuation Plan

SUBMIT