Event Date: Event Type:

Promoter Name:

**MMA, Boxing or Kickboxing Promoter Event Application**

This form must be submitted **10 days or more prior to the event**

**Iowa Division of Labor**

**Athletic Commission**

150 Des Moines Street

Des Moines, IA 50309-1836

Phone: 515-725-5605

Fax: 515-281-7995

[athletics.iowa.gov](http://athletics.iowa.gov)

athletics@iwd.iowa.gov

900-002

12.28.2022

**Promoter**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address | City | State | Zip | Phone number |

**Venue Information**

|  |  |  |
| --- | --- | --- |
| Name & Location address | City | Time AM  PM |

**Physical Exam –medical license**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ringside physician name | Address | City | State | Zip |
| Phone number | Medical License #: | Time AM PM | Place |
| Address of physical exam | City | Zip |

**Weigh-in Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Weigh-In Venue Name  | Phone number | Date | Time AM PM |
| Address | City | Zip |

**Officials (2 Required)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Phone number | Name | Phone number |

**Timekeeper (1 Required)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Phone number | Name | Phone number |

**Judges (3 Required)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Phone number | Name | Phone number |
| Name | Phone number | Name | Phone number |

**Emergency Medical Service – Attach copy of email or letter from ambulance service including name of EMT attending event**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of ambulance service | Phone number | City | State | Zip |

**Law Enforcement and Security Firm – Attach copy of contract with security firm**

|  |  |  |  |
| --- | --- | --- | --- |
| Law enforcement | Phone number | Security firm name | Phone number |

**Cleaning Between Rounds**

|  |  |
| --- | --- |
| Name | Phone number |

**All fields are required, once completed attach ALL of the 7 items below and send to the Iowa Athletic Commission.**

1. $225.00 - One half of application fee 5. $5,000.00 bond payable to the State of Iowa on the bond form
2. Certificate of Insurance 6. Copy of contract with the security firm

3. Copy of contract with each contestant 7. Copy of medical license number of the ringside physician

4. Copy of contract with emergency medical service including name of EMT

**I certify that the information on this form and attachments (if any) is true and accurate to the best of my knowledge.**

**Printed promoter name Signature Date**