**PROMOTER EVENT APPLICATION**

Once the form is complete, please email to PYAC@pascuayaqui-nsn.gov

|  |  |  |
| --- | --- | --- |
| Promoter Name: |  |       |
|  |  |  |
| Event Matchmaker: |  |       |
|  |  |  |
| Proposed Event Date: |  |       |
|  |  |  |
| Time of Event:  |  |       |
|  |  |  |
| Proposed Event Location/Venue:  |  |       |
|  |  |  |
| Type of Event:  | [ ]   | Boxing | [ ]  | Mixed Martial Arts  |

|  |  |  |
| --- | --- | --- |
| Proposed Number of Amateur contests: |  |       |
|  |  |  |
| Proposed Number of Professional contests: |  |       |
|  |  |  |
| Proposed Number of Title contests: |  |       |
|  |  |  |
| Please provide athlete names that are to be considered for title contests:  |       |
|  |  |  |
|       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Will there be television coverage for weigh in? |  | [ ]  | Yes | [ ]  | No |
|  |  |  |
| Will there be television coverage for fight night? |  | [ ]  | Yes | [ ]  | No |
|  |  |  |
| If so, what type of coverage: | [ ]  | Locally Televised | [ ]  | Nationally Televised |