**PROMOTER EVENT APPLICATION**

Once the form is complete, please email to [PYAC@pascuayaqui-nsn.gov](mailto: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 | | | | | |