

Iowa Athletic Commission

Promoter Event Form

This form must be submitted **30 days prior to the event**. Questions, contact Pam Conner at 515-281-8067 or pamela.conner@iwd.iowa.gov or Iowa Division of Labor – Athletics, 1000 East Grand Avenue, Des Moines, IA 50319.

MMA

Professional

Indoor Event

Boxing

Amateur

Outdoor Event

Kick Boxing

Pro-Am

PROMOTER

Promoter Name	Promoter Name on Bond	Promoter Representative Name	Phone Number		
Address		City	State	Zip	Email Address

EVENT

Date	Event Location Name			Time	
				AM	PM
Address		City	State	Zip	

MATCHMAKER

Name	Address	City	State	Zip	Phone Number
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FIGHTER MEETING

Location Address	City	Time	
		AM	PM

PHYSICAL

Physician Name	Address	City	State	Zip	
Phone Number	Email Address	Time	Place		
		AM	PM		
Address		City	State	Zip	

WEIGH-IN

Name of Official	Phone	Date	Time	
			AM	PM
Address		City	State	Zip

REFEREES (2 Required)

Name	Phone Number	Name	Phone Number
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TIMEKEEPER (1 Required)

Name	Phone Number	Name	Phone Number
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JUDGES (3 Required)

Name	Phone Number	Name	Phone Number
Name	Phone Number	Name	Phone Number

EMERGENCY MEDICAL SERVICES – Rule 177.2(10) – Email or letter from a mbulance service including name of EMT attending event

Name of Ambulance Service	Phone Number	City	State	Zip
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LAW ENFORCEMENT AND SECURITY FIRM – Rule 177.2(6)

Law Enforcement Name	Phone Number	Security Firm Name	Phone Number
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CLEANING BETWEEN ROUNDS – Rule 177.2(11)

Name	Phone Number
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