

Iowa Division of Labor
Athletic Commission
 150 Des Moines Street
 Des Moines, IA 50309-1836
 Phone: 515-745-2632
 Fax: 515-281-5361
athletics.iowa.gov
athletics@iwd.iowa.gov

MMA, Boxing or Kickboxing Promoter Event Application

This form must be submitted **7 days or more prior to the event**

Event Date: _____

Promoter Name: _____

Promoter

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

Fighter Meeting

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

Physical Exam – Attach copy of medical license

| | | | | |
|--------------------------|---------------|------|----------|-------|
| Ringside physician name | Address | City | State | Zip |
| Phone number | Email address | Time | AM PM | Place |
| Address of physical exam | | City | Zip | |

Weigh-in

| | | | | |
|------------------|--------------|------|------|----------|
| Name of official | 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 contract with 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.

- \$225.00 - One half of application fee
- Certificate of Insurance
- Copy of contract with each contestant
- Copy of contract with emergency medical service including name of EMT
- \$5,000.00 bond payable to the State of Iowa
- Copy of contract with the security firm
- Copy of medical license of the ringside physician

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