



Arkansas State Athletic Commission

Compliance Division/COMBATIVE SPORTS

9710 Interstate 30, Little Rock, AR 72209

(501)687-1038 FAX (501)255-0394

Email Address: ASAC@Arkansas.gov

Internet Address: www.ASAC.Arkansas.gov

Bout Card Application

- Application is for use by Promoter's licensed by the Arkansas State Athletic Commission.
- Promoter must read and comply with applicable Commission Regulations when submitting this Application.
- Approval of each bout rests solely with the Commission. No substituted opponents without prior approval.
- Application must be received by the Commission at least ten (10) days prior to the Event Date.
- Application must contain Contestant's: (1) Full Properly Spelled Legal Name; (2) Address; (3) Date of Birth; (4) Arkansas Combative Sports License #; (5) Federal ID #; (6) Proposed Rounds of Bout; **AND** (7) Fight Fax Report Issued Within Previous Three (3) Days.

Promoter's Name:	Promoter's Telephone & Fax #
Event Permit #	
Matchmaker's Name:	Matchmaker's Telephone & Fax #
Event Venue Name & Location:	Event Date & Time Approved By Commission:
Weigh-ins Venue Name & Location:	Weigh-ins Start/End Time:
Is a Title or Championship Bout Scheduled?	Name of Championship/Title Sanctioning Body:

All Inspectors will be assigned by the Commission. All Officials are subject to approval by the Commission; however, the following are suggested:

Officials

Referee Name:	Referee Telephone #	Referee AR License #
Judge Name:	Judge Telephone #	Judge AR License #
Judge Name:	Judge Telephone #	Judge AR License #
Judge Name:	Judge Telephone #	Judge AR License #
Timekeeper Name:	Timekeeper Telephone #	Timekeeper AR License #
Announcer Name:	Announcer Telephone #	Announcer AR License #
Ringside Doctor Name:	Ringside Doctor #	Ringside Doctor AR License #

The following Contestants have agreed to appear at the Event & Weigh-in venues at the stated times and to participate in a Combative Sports Contest as follows. Request is hereby made for Commission approval of the following:

MAIN EVENT

Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address;
Date of Birth:	Weight	Date of Birth:
AR License #	Style	AR License #
Federal ID #	Amateur/Pro	Federal ID #
Contestant Record:		Contestant Record:

UNDERCARD

Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address;
Date of Birth:	Weight	Date of Birth:
AR License #	Style	AR License #
Federal ID #	Amateur/Pro	Federal ID #
Contestant Record:		Contestant Record:

Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address;
Date of Birth:	Weight	Date of Birth:
AR License #	Style	AR License #
Federal ID #	Amateur/Pro	Federal ID #
Contestant Record:		Contestant Record:

Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address;
Date of Birth:	Weight	Date of Birth:
AR License #	Style	AR License #
Federal ID #	Amateur/Pro	Federal ID #
Contestant Record:		Contestant Record:

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AR License #	Style	AR License #
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AR License #	Style	AR License #
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AR License #	Style	AR License #
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Contestant Record:		Contestant Record:

COMMENTS/NOTES/REQUIREMENTS/REQUESTED WAIVERS:

By my signature below, I certify: (1) The information herein is true and accurate; (2) The proposed bouts are matched on the basis of equal ability; (3) Each bout will be a competitive bout; (4) All Contestants are aware of the Commission's licensing requirements; (5) None of the Contestants is under suspension in any jurisdiction.

Signed: _____ Date: _____
Promoter/Promoter's Representative Title