



ARKANSAS STATE ATHLETIC COMMISSION
 9110 LEW DRIVE
 LITTLE ROCK, AR 72209
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PROFESSIONAL BOXING CONTRACT REPORT

Date the contract for this event is entered into: _____, 200__

Boxer's Information:	Promoter's Information:
Name: _____	Name: _____
Federal ID Number: _____	Address: _____
Address: _____	_____
_____	Telephone: _____
Telephone: _____	_____

Boxer agrees to participate in a _____ round bout against _____
 At the maximum weight of _____ pounds. The event will be held on the _____ day of
 _____, 200__ at _____ which is locate
 in _____, Arkansas. Boxer will be paid after the final bout of the evening.

Additional Terms: _____

Boxer voluntarily and knowingly agrees to participate in this event. **BOXING IS DANGEROUS.**
 Boxer hereby acknowledges he/she may suffer permanent physical injuries from boxing or
 kickboxing, either in this single event or from participating in multiple events. Boxer hereby
 releases the Promoter, sponsors, and State of Arkansas, or any agent, representative or employee
 thereof, from any and all claims of liability, known or unknown at this time, arising from injuries,
 mental and physical, which may be sustained by Boxer during participation in this event

Boxer's Signature: _____

GROSS PURSE: \$ _____

Promoters Signature: _____

Deductions: _____ \$ _____

Boxer's Manager: _____

_____ \$ _____
 _____ \$ _____

BOXER WILL BE PAID: \$ _____