

MANITOBA COMBATIVE SPORTS COMMISSION  
6<sup>th</sup> Floor, 213 Notre Dame  
Winnipeg MB R3B 1N3  
Tel. (204) 945-1788 Fax (204) 948-3649



**EVENT PERMIT APPLICATION**

I, \_\_\_\_\_ hereby apply for an event permit to hold a professional combative sports event.

**Promoter Contact Information:**

1. Full legal name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
3. Telephone: Res. \_\_\_\_\_ Bus. \_\_\_\_\_ Cell. \_\_\_\_\_
4. E-Mail address: \_\_\_\_\_

**Event Information:**

1. Type of event (Boxing/Mixed Martial Arts): \_\_\_\_\_
2. Matchmaker: \_\_\_\_\_
3. Name of proposed event \_\_\_\_\_
4. Date of proposed contest: \_\_\_\_\_ Start Time: \_\_\_\_\_
5. Venue name/ location/contact: \_\_\_\_\_
6. Seating capacity: \_\_\_\_\_
7. Total number of contests: \_\_\_\_\_
8. Location of weigh-in: \_\_\_\_\_ Weigh-in time: \_\_\_\_\_
9. The event to be taped or recorded on or behalf of the promote (Yes/No): \_\_\_\_\_

**Attach the following:**

1. **Application fee** in the amount of **\$100.00** (One hundred dollars)
2. Security in the form of cash, certified cheque, negotiable bond or letter of credit payable to the Manitoba Combative Sports Commission in the amount determined by the Commission as set out in the regulation.
3. List of proposed matches including contestants names, records and number of rounds of each contest.
4. Amount to be paid to each of the contestants.
5. Corporations need to provide documents identifying the list of the organizations directors so that the Commission can know who has authority to speak on behalf of the corporation and who to hold accountable for breaches of the regulations.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign Legal Name)