

MANITOBA COMBATIVE SPORTS COMMISSION

427-145 Pacific Ave

Winnipeg, MB R3B 2Z6

Telephone: 431-877-6272

email: info@mbcombativesports.ca



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)