



CALIFORNIA STATE ATHLETIC COMMISSION

2005 Evergreen Street, Suite 2010 | Sacramento, California 95815

Phone: (916) 263-2195 Fax: (916) 263-2197

Website: www.dca.ca.gov/csac Email: CSAC@dca.ca.gov



PROPOSED BOUT CARD

This information must be filed with the California State Athletic Commission (CSAC) <u>AT LEAST 14 DAYS</u> <u>PRIOR</u> to the date of the proposed event. The CSAC has the right to approve or disapprove any and/or all of the proposed bouts.

No bout shall be advertised until the CSAC has tentatively approved the event AND has approved the pairing of the participants for the bout(s) to be advertised.

No tickets to the program shall be sold or complimentary ticket issued until the CSAC has tentatively approved the permit.

Advertising and or selling of tickets to an event that has not been approved by the CSAC may result in disciplinary action against your license.

OFFICIAL RECORDS:

Official records from www.fightfax.com for each proposed participant must accompany each proposed bout. If the proposed participant is making their professional debut he or she and their licensed Professional Trainer of record must complete a Pro Debut Sheet and you must turn it in to the CSAC for review.

For Mixed Martial Arts, the Bout Card must be registered on <u>mixedmartialarts.com</u>, and any other record information must also accompany the proposal.

EVENT DATE: PROMOTER: LOCATION:

	CORNER	ATHLETE NAME	DOB	M/F	# of ROUNDS	MAXIMUM WEIGHT
1	RED					
	BLUE					
	RED					
2	BLUE					
	RED					
3	BLUE					
	RED					
4	BLUE					
_	RED					
5	BLUE					
6	RED					

PROPOSED BOUT CARD

	BLUE					
	CORNER	ATHLETE NAME	DOB	M/F	# of ROUNDS	MAXIMUM WEIGHT
_	RED					
7	BLUE					
	RED					
8	BLUE					
	RED					
9	BLUE					
	RED					
10	BLUE					
	RED					
11	BLUE					
	RED					
12	BLUE					
13	RED					
	BLUE			_		

PR008 Rev. 04/14

PROPOSED BOUT CARD

I, the Matchmaker, hereby certify that the proposed bouts are to the best of my ability and knowledge, true competitive bouts based upon weight, skill level, experience and style or discipline. I understand that making a false statement or omitting facts may subject a participant to injury or death and it would be cause for immediate suspension or revocation of my license. I also understand that continually submitting poor pairings and or not closely monitoring the submission of pairings, or not turning in required pairing records in a timely manner may be cause for immediate suspension or revocation of my license and will more than likely cause the bout(s) to be disapproved.

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NAME	SIGNATURE

I, the Promoter, hereby certify that the proposed bouts are to the best of my ability and knowledge, or that of the matchmaker whom I have employed for this event, true competitive bouts based upon weight, skill level, experience and style or discipline. I understand that making a false statement or omitting facts may subject a participant to injury or death and it would be cause for immediate suspension or revocation of my license. I also understand that the continued submission of poor pairings (by me or the matchmaker I have employed) and or not closely monitoring the submission of pairings, or not turning in required pairing records in a timely manner may be cause for immediate suspension or revocation of my license and will more than likely cause the bout(s) to be disapproved.

PROMOTER:

NAME SIGNATURE