



# New York State Athletic Commission

New York  
Department of State  
State Athletic Commission  
123 William Street  
New York, NY 10038-3804  
Telephone: (212) 417-5700  
www.dos.ny.gov/athletic

## NEW YORK STATE ATHLETIC COMMISSION CORPORATION BEFORE CONTEST REPORT

Please type or print clearly. All combatants must have a Federal Identification Number (Boxing) or a National ID Number (MMA) to be eligible to participate in New York State.

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Report of \_\_\_\_\_ Corporation, of event to be held on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_ ☐ am/☐ pm (please check one)

Location Name of Event: \_\_\_\_\_ Address of Location: \_\_\_\_\_.

Bout Order	Combatant's Legal Name	Preferred Language		Combatant's Legal Name	Preferred Language	Proposed Weight	# of Rounds	Title Bout yes/no
			vs.					
			vs.					
			vs.					
			vs.					
			vs.					
			vs.					
			vs.					
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			vs.					
			vs.					
			vs.					
			vs.					

Venue seating capacity is \_\_\_\_\_. Price range of tickets will be \$\_\_\_\_\_ to \$\_\_\_\_\_ each.

I certify that all of the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
(Name and title of individual making this report) (Signature) (Date)

FOR OFFICIAL USE ONLY		
Approved by: _____	Date: _____	Reference No.: _____