



Kentucky Boxing and Wrestling Commission
 Mayo-Underwood Building
 500 Mero Street, 218NC
 Frankfort, KY 40601
 kbwa.ky.gov

EVENT REPORT

Event Type (Circle One)

Boxing **Elimination Event** **MMA** **Wrestling**

Location: _____

Date: _____

Promoter Name: _____

Promoter License Number: _____

Ticket sales information

	Number of	X	Price of Ticket	=	
	Tickets				
Advanced Ticket Sales	_____	X	\$ _____	=	_____
Door Ticket Sales	_____	X	\$ _____	=	_____
Kids Ticket Sales	_____	X	\$ _____	=	_____
Other Ticket Sales	_____	X	\$ _____	=	_____
Complimentary Tickets	_____	X	\$ _____	=	_____
Total Ticket Sales				=	<input type="text"/>
				X	5%
Total Amount Due				=	<input type="text"/>

(OVER)

- Below, please list the names of all contestants in the order they competed, along with the results of the contest. Mixed martial arts, wrestling, and elimination event shows shall provide the contestants' KBWC license number. Boxing shows shall provide the contestants' Federal ID Number.

Contestant Name	License Number/ Federal ID Number	v.	Contestant Name	License Number/ Federal ID Number	Result of Contest
		v.			
		v.			
		v.			
		v.			
		v.			
		v.			
		v.			
		v.			
		v.			
		v.			
		v.			
		v.			
		v.			
		v.			
		v.			
		v.			
		v.			

Please list names of all other participants including license number and classification such as judge, trainer, manager, referee, timekeeper, second, physician, or event staff.

Name	License Number	Classification

Please identify and explain any injuries that occurred to any person in attendance, including contestants:

I certify under penalty of perjury that the above is a true and complete return:

Promoter's Signature _____