

KENTUCKY BOXING AND WRESTLING COMMISSION

656 Chamberlin Avenue, Suite B,
Frankfort, Kentucky 40601



Email: KBWC@ky.gov
Phone: (502) 564-0085
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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 =

X _____ 5%

Total Amount Due =

(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.			

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 _____