

# KENTUCKY BOXING AND WRESTLING COMMISSION

656 Chamberlin Avenue, Suite B,  
Frankfort, Kentucky 40601



Email: KBWC@ky.gov  
Phone: (502) 564-0085  
Fax: (502) 696-3938

## SHOW NOTICE FORM

### SPORT (Circle One):

**MMA** (30-Day Notice Required)

**Boxing** (30-Day Notice Required)

**Elimination** (30-Day Notice Required)

**Wrestling** (10-Day Notice Required)

### EVENT TYPE (Circle One):

**Amateur**

**Pro/Am**

**Professional**

Promoter Name \_\_\_\_\_

Promotion Name \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Event Venue \_\_\_\_\_

Rental Agent \_\_\_\_\_ Venue Phone: \_\_\_\_\_

Venue Address \_\_\_\_\_

Date of Event \_\_\_\_\_ Time \_\_\_\_\_  
(month, day & year)

If a **wrestling** show, does the promoter plan on any participant bleeding? **YES** **NO**  
(If yes, see 201 KAR 27:012, Section 1(9). A healthcare professional must be in attendance.)

***Incomplete show notice forms will NOT be accepted. The Commission shall consider the show an ILLEGAL event and the Promoter shall be subject to disciplinary action, including potential license suspension or revocation.***

Promoter's Signature \_\_\_\_\_ Date \_\_\_\_\_