



New York State Athletic Commission Event Information Form

This form must be completed and returned to the New York State Athletic Commission at least fifteen (15) business days prior to the proposed event. The Commission will not consider or approve any proposed bouts until this form has been completed and returned.

NAME OF VENUE: _____ **Show Date:** _____
Address: _____ Phone: _____

CONTACTS:

Promoter: _____ Phone: _____
Address: _____ Fax: _____

Matchmaker: _____ Phone: _____
Address: _____ Fax: _____

Ring Provided By: _____ Phone: _____

Security Firm: _____ Phone: _____

Ambulance (with paramedic): _____ Phone: _____

Local Hospital: _____ Phone: _____

Nearest Level 1 Trauma Center*: _____ Phone: _____

**The local hospital will be able to provide you with this information*

Local Police Station _____ Phone: _____

OTHER INFORMATION:

Number of Title/Championship Bouts: _____

Sanctioning Organizations: _____

Broadcast Contracts with: _____

Contact: _____ Phone: _____

Fax: _____

On a separate sheet, please attach a diagram of the complete ringside setup indicating the location of: seating for judges, Commission, time keeper, alternate referee, doctors; red and blue corners; barrier setup; stairs to ring; and TV and still camera. Also indicate the location of the exits and location of the ambulance.

PROMOTER SIGNATURE: _____ Phone: _____

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