



New York State
DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
 123 William Street
 New York, NY 10038-3804

Telephone: (212) 417-5700
 Fax: (212) 417-4987
 www.dos.ny.gov/athletic

NEW YORK STATE ATHLETIC COMMISSION CORPORATION BEFORE CONTEST REPORT

This report must be received by the New York State Athletic Commission no later than fifteen (15) business days prior to the proposed event herein described. Please type or print clearly. All boxers must have a Federal Identification number to be eligible to box in New York State.

Date Submitted: ____ / ____ / ____

Report of _____ Corporation, of exhibition to be held on ____ / ____ / ____ at ____ : ____ am/pm (please circle one).

Location Name of Exhibition: _____ Address of Location: _____

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

Venue seating capacity is _____. Price of tickets will be \$ _____ 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.: _____