



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

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

NYSAC EVENT INFORMATION FORM

This form must be completed and returned to the New York State Athletic Commission at least fifteen (15) 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: _____
 Venue Contact: _____ Alternative Date: _____
 Proposed Gloves: _____ (If Applicable)

CONTACTS:

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

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

Ring Announcer: _____ Phone: _____

Ring Provided By: _____ Phone: _____
 Size of Ring: _____

Security Firm: _____ Phone: _____
 Number of Guards Assigned: _____

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 the following:

- | | | | |
|--|--|---------------------------------------|--|
| Seating of Judges
Commission
Time Keeper | Alternate Referee
Doctors
Red & Blue Corners | Barrier Setup
Stairs to Ring
TV | Still Camera
Location of Exits
Location of Ambulance |
|--|--|---------------------------------------|--|