



# New York State Athletic Commission

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: \_\_\_\_\_

Alternate Date: \_\_\_\_\_ Alternate Venue: \_\_\_\_\_  
(If Applicable) (If Applicable)

Venue Capacity: \_\_\_\_\_

Proposed Gloves: \_\_\_\_\_

### CONTACTS:

Promoter: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Matchmaker: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Ring Announcer: \_\_\_\_\_ Phone: \_\_\_\_\_

(Select one):	<input type="checkbox"/> Ring	<input type="checkbox"/> Cage	Size: _____	How many ropes (if applicable): _____
Provided by:	_____			Telephone Number: _____

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\**

Suture Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Police Station: \_\_\_\_\_ Phone: \_\_\_\_\_

### OTHER INFORMATION:

Number of Title/Championship Bouts: \_\_\_\_\_

Sanctioning Organizations (Boxing only): \_\_\_\_\_

Broadcast Contracts with: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Ticket Printer: \_\_\_\_\_ Phone: \_\_\_\_\_

Price of Tickets for This Event: \_\_\_\_\_

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