



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: _____ (If Applicable) Alternate Venue: _____ (If Applicable)

Venue Capacity: _____

Proposed Gloves: _____

CONTACTS:

Promoter: _____ Phone: _____

Address: _____ Fax: _____

Matchmaker: _____ Phone: _____

Address: _____ Fax: _____

Ring Announcer: _____ Phone: _____

(Select one): Ring 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

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 |
|---|--|---------------------------------------|--|