

Arkansas State Athletic Commission

Arkansas Department of Health/Combative Sports 4815 W. Markham St. Slot 36 Little Rock, AR 72205 PHONE(501)687-1038 FAX(501)255-0394 Email Address: <u>ASAC@Arkansas.gov</u> Internet Address: <u>www.ASAC.Arkansas.gov</u>

Bout Card Application

- For use by Promoter's licensed by the Arkansas State Athletic Commission.
- Promoter must read and comply with applicable Commission Regulations when submitting this Application.
- Approval of each bout rests solely with the Commission. NO SUBSTITUTIONS WITHOUT APPROVAL.
- APPLICATION MUST RECEIVED AT LEAST TEN (10) DAYS PRIOR TO APPROVED EVENT DATE.
- EVERY FIELD MUST BE FULLY COMPLETED PRIOR TO SUBMISSION (if license # is pending issuance, then so indicate).
- Application must contain: (1) Full <u>Properly Spelled</u> Legal Names; (2) Full Addresses; (3) Full Date of Birth; (4) Proposed Scheduled Rounds for Each Bout; (5) Maximum Contract Weight; and (6) Fight Fax Report Issued Within Previous Three (3) Days.

Promoter's Name:	Promoter's Telephone & Fax #
Event Permit #	
Matchmaker's Name:	Matchmaker's Telephone & Fax #
Event Venue Name & Location:	Event Date & Time Approved By Commission:
	Event Date & Time Approved By Commission.
Weigh-ins Venue Name & Location:	Weigh-ins Start/End Time:
	START:
	END:
Is a Title or Championship Bout Scheduled?	Name of Championship/Title Sanctioning Body:

Promoter suggests the following Officials. All Officials subject to Commission approval/assignment. Inspectors are assigned by Commission.

<u>Officials</u>

Referee Name:	Referee Telephone #	Referee AR License #
Judge Name:	Judge Telephone #	Judge AR License #
Judge Name:	Judge Telephone #	Judge AR License #
Judge Name:	Judge Telephone #	Judge AR License #
Timekeeper Name:	Timekeeper Telephone #	Timekeeper AR License #
Announcer Name:	Announcer Telephone #	Announcer AR License #
Ringside Doctor Name:	Ringside Doctor #	Ringside Doctor AR License #
Ringside Ambulance Service:	Ringside Ambulance #	Ringside EMT/Paramedic Names and #

The following Contestants have agreed to appear at the Event & Weigh-in venues at the stated times and to participate in a Combative Sports Contest as follows. Request is hereby made for Commission approval of the following:

BLUE CORNER	MAIN EVEN	<u>T</u> <u>RED CORNER</u>
Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address:
Date of Birth:	Round Length	Date of Birth:
Contestant AR License #	Max. Weight	Contestant AR License #
Contestant Federal ID #	Style	Contestant Federal ID #
Contestant Amateur Record:		Contestant Amateur Record:
Contestant Professional Record:	Amateur/Pro	Contestant Professional Record:
Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:		Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:

<u>UNDERCARD</u>		
<u>BLUE CORNER</u>	BOUT #1	RED CORNER
Contestant Name:	VS.	Contestant Name:
Contestant Address:	()	Contestant Address:
	Rounds	
Date of Birth:		Date of Birth:
	Round Length	
Contestant AR License #		Contestant AR License #
	Max. Weight	
Contestant Federal ID #		Contestant Federal ID #
	Style	
Contestant Amateur Record:		Contestant Amateur Record:
Contestant Professional Record:	Amateur/Pro	Contestant Professional Record:
Seconds Name & AR License #		Seconds Name & AR License #
CHIEF SECOND:		CHIEF SECOND:
ADDITIONAL SECONDS:		ADDITIONAL SECONDS:

BLUE CORNER	BOUT #2	RED CORNER
Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address:
Date of Birth:	Round Length	Date of Birth:
Contestant AR License #	Max. Weight	Contestant AR License #
Contestant Federal ID #	Style	Contestant Federal ID #
Contestant Amateur Record: Contestant Professional Record:	Amateur/Pro	Contestant Amateur Record: Contestant Professional Record:
Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:		Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:

BLUE CORNER	BOUT #3	<u>RED CORNER</u>
Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address:
Date of Birth:	Round Length	Date of Birth:
Contestant AR License #	Max. Weight	Contestant AR License #
Contestant Federal ID #	Style	Contestant Federal ID #
Contestant Amateur Record: Contestant Professional Record:	Amateur/Pro	Contestant Amateur Record: Contestant Professional Record:
Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:		Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:

BLUE CORNER	BOUT #4	RED CORNER
Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address:
Date of Birth:	Round Length	Date of Birth:
Contestant AR License #	Max. Weight	Contestant AR License #
Contestant Federal ID #	Style	Contestant Federal ID #
Contestant Amateur Record:		Contestant Amateur Record:
Contestant Professional Record:	Amateur/Pro	Contestant Professional Record:
Seconds Name & AR License #		Seconds Name & AR License #
CHIEF SECOND:		CHIEF SECOND:
ADDITIONAL SECONDS:		ADDITIONAL SECONDS:

BLUE CORNER	BOUT #5	RED CORNER
Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address:
Date of Birth:	Round Length	Date of Birth:
Contestant AR License #	Max. Weight	Contestant AR License #
Contestant Federal ID #	Style	Contestant Federal ID #
Contestant Amateur Record:		Contestant Amateur Record:
Contestant Professional Record:	Amateur/Pro	Contestant Professional Record:
Seconds Name & AR License #		Seconds Name & AR License #
CHIEF SECOND:		CHIEF SECOND:
ADDITIONAL SECONDS:		ADDITIONAL SECONDS:

BLUE CORNER	BOUT #6	<u>RED CORNER</u>
Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address:
Date of Birth:	Round Length	Date of Birth:
Contestant AR License #	Max. Weight	Contestant AR License #
Contestant Federal ID #	Style	Contestant Federal ID #
Contestant Amateur Record:		Contestant Amateur Record:
Contestant Professional Record:	Amateur/Pro	Contestant Professional Record:
Seconds Name & AR License #		Seconds Name & AR License #
CHIEF SECOND:		CHIEF SECOND:
ADDITIONAL SECONDS:		ADDITIONAL SECONDS:

BLUE CORNER	BOUT #7	RED CORNER
Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address:
Date of Birth:	Round Length	Date of Birth:
Contestant AR License #	Max. Weight	Contestant AR License #
Contestant Federal ID #	Style	Contestant Federal ID #
Contestant Amateur Record: Contestant Professional Record:	Amateur/Pro	Contestant Amateur Record: Contestant Professional Record:
Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:		Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:
ADDITIONAL SECONDS:		ADDITIONAL SECONDS:

BLUE CORNER	BOUT #8	<u>RED CORNER</u>
Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address:
Date of Birth:	Round Length	Date of Birth:
Contestant AR License #	Max. Weight	Contestant AR License #
Contestant Federal ID #	Style	Contestant Federal ID #
Contestant Amateur Record: Contestant Professional Record:	Amateur/Pro	Contestant Amateur Record: Contestant Professional Record:
Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:		Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:

BLUE CORNER	BOUT #9	<u>RED CORNER</u>
Contestant Name:	VS.	Contestant Name:
Contestant Address:		Contestant Address:
Concestant Address.	Rounds	Contestant / Address.
Date of Birth:		Date of Birth:
	Round Length	
Contestant AR License #		Contestant AR License #
	Max. Weight	
Contestant Federal ID #		Contestant Federal ID #
	Style	
Contestant Amateur Record:		Contestant Amateur Record:
Contestant Professional Record:	Amateur/Pro	Contestant Professional Record:
Seconds Name & AR License #		Seconds Name & AR License #
CHIEF SECOND:		CHIEF SECOND:
ADDITIONAL SECONDS:		ADDITIONAL SECONDS:

BLUE CORNER	BOUT #10	RED CORNER
Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address:
Date of Birth:	Round Length	Date of Birth:
Contestant AR License #	Max. Weight	Contestant AR License #
Contestant Federal ID #	Style	Contestant Federal ID #
Contestant Amateur Record: Contestant Professional Record:	Amateur/Pro	Contestant Amateur Record: Contestant Professional Record:
Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:		Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:

BLUE CORNER	BOUT #11	<u>RED CORNER</u>
Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address:
Date of Birth:	Round Length	Date of Birth:
Contestant AR License #	Max. Weight	Contestant AR License #
Contestant Federal ID #	Style	Contestant Federal ID #
Contestant Amateur Record: Contestant Professional Record:	Amateur/Pro	Contestant Amateur Record: Contestant Professional Record:
Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:		Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:

BLUE CORNER	BOUT #12	RED CORNER
Contestant Name:	VS.	Contestant Name:
Contestant Address:		Contestant Address:
	Rounds	
Date of Birth:		Date of Birth:
	Round Length	
Contestant AR License #		Contestant AR License #
	Max. Weight	
Contestant Federal ID #		Contestant Federal ID #
	Style	
Contestant Amateur Record:		Contestant Amateur Record:
Contestant Professional Record:	Amateur/Pro	Contestant Professional Record:
Seconds Name & AR License #		Seconds Name & AR License #
CHIEF SECOND:		CHIEF SECOND:
ADDITIONAL SECONDS:		ADDITIONAL SECONDS:

BLUE CORNER	BOUT #13	RED CORNER
Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address:
Date of Birth:	Round Length	Date of Birth:
Contestant AR License #	Max. Weight	Contestant AR License #
Contestant Federal ID #	Style	Contestant Federal ID #
Contestant Amateur Record: Contestant Professional Record:	Amateur/Pro	Contestant Amateur Record: Contestant Professional Record:
Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:		Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:

BLUE CORNER	BOUT #14	RED CORNER
Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address:
Date of Birth:	Round Length	Date of Birth:
Contestant AR License #	Max. Weight	Contestant AR License #
Contestant Federal ID #	Style	Contestant Federal ID #
Contestant Amateur Record: Contestant Professional Record:	Amateur/Pro	Contestant Amateur Record: Contestant Professional Record:
Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:		Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:

BLUE CORNER	BOUT #15	RED CORNER
Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address:
Date of Birth:	Round Length	Date of Birth:
Contestant AR License #	Max. Weight	Contestant AR License #
Contestant Federal ID #	Style	Contestant Federal ID #
Contestant Amateur Record: Contestant Professional Record:	Amateur/Pro	Contestant Amateur Record: Contestant Professional Record:
Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:		Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:

t Name: t Address:
irth.
t AR License #
t Federal ID #
t Amateur Record: t Professional Record:
Vame & AR License # ECOND:

BLUE CORNER	BOUT #17	<u>RED CORNER</u>
Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address:
Date of Birth:	Round Length	Date of Birth:
Contestant AR License #	Max. Weight	Contestant AR License #
Contestant Federal ID #	Style	Contestant Federal ID #
Contestant Amateur Record: Contestant Professional Record:	Amateur/Pro	Contestant Amateur Record: Contestant Professional Record:
Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:		Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:

BLUE CORNER	BOUT #18	RED CORNER
Contestant Name:	VS.	Contestant Name:
Contestant Address:		Contestant Address:
	Rounds	
Date of Birth:		Date of Birth:
	Round Length	
Contestant AR License #		Contestant AR License #
	Max. Weight	
Contestant Federal ID #		Contestant Federal ID #
	Style	
Contestant Amateur Record:		Contestant Amateur Record:
Contestant Professional Record:	Amateur/Pro	Contestant Professional Record:
Seconds Name & AR License #		Seconds Name & AR License #
CHIEF SECOND:		CHIEF SECOND:
ADDITIONAL SECONDS:		ADDITIONAL SECONDS:

BOUT #19	<u>RED CORNER</u>
VS.	Contestant Name:
() Rounds	Contestant Address:
Round Length	Date of Birth:
Max. Weight	Contestant AR License #
Style	Contestant Federal ID #
Amateur/Pro	Contestant Amateur Record: Contestant Professional Record:
	Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:
	VS. () Rounds Round Length Max. Weight Style

BLUE CORNER	BOUT #20	RED CORNER
Contestant Name:	VS.	Contestant Name:
Contestant Address:	() Rounds	Contestant Address:
Date of Birth:	Round Length	Date of Birth:
Contestant AR License #	Max. Weight	Contestant AR License #
Contestant Federal ID #	Style	Contestant Federal ID #
Contestant Amateur Record: Contestant Professional Record:	Amateur/Pro	Contestant Amateur Record: Contestant Professional Record:
Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:		Seconds Name & AR License # CHIEF SECOND: ADDITIONAL SECONDS:

THE FOREGOING BOUTS REPRESENT A TOTAL OF _____ SCHEDULED ROUNDS.

* * * Note: Commission Regulation §1.15.2 Requires a Minimum of 24 Scheduled Rounds & Maximum of 72 Scheduled Rounds * * *

COMMENTS/NOTES/REQUIREMENTS/REQUESTED WAIVERS:

By signature below, I certify that AFTER CONDUCTING DUE DILIGENCE to the best of my knowledge:

- (1) The information herein is true and accurate;
- (2) The proposed bouts are matched on the basis of a truly good faith belief each bout will be competitive;
- (3) All Contestants are aware of the Commission's licensing requirements; and
- (4) None of the Contestants is under suspension in any jurisdiction.

Signed:

Promoter/Promoter's Representative

Title

Date: _____