

# Combat Sports Authority of Maine

## **Promoters Packet (Boxing & MMA)**

(Includes forms needed for Licensing, Medicals, and Event)



P.O. Box 10525  
Portland, ME 04104  
Tel: (207) 712-6615 Fax (207)482-0965

# Combat Sports Authority of Maine

## Event Approval Guidelines

- 1) Review Event applications received at a meeting of the Authority. If multiple applications are received, the board will review in order of post marked date. Applications should be received 2 months prior to proposed event. Exceptions may be granted by the board.
- 2) If application is complete, Authority will discuss if there are any issues with the promoter in regards to suspensions (fighters or related staff), the best interest to sport of MMA, fighter and public safety, and ultimately the best interest of the State of Maine. If issues are found research may be needed before approval is granted or denied. A subsequent review will take place at the next board meeting.
- 3) If all the above is approved and there is more than one event request for the same date, the names of the promoters requesting the same date will be put in a hat and the date will be given to the promoter drawn.

# Event Permit Application

## Combat Sports Authority of Maine

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Fee \$100
Date _____
Paid _____
Check # _____

Professional    Amateur    Pro/Am

Event	Date of Event	Starting Time	Location of Event	Admission Fee's
Address (number and street)		City	State   Zip	Phone   Capacity

### CONTESTANTS:

#### Main Event

Name	Record Win/Loss	Weight Class	Purse: win/lose/bonus	Pro/ Am	Last Fight win/loss - how/ what round?	Rounds

#### Balance of Card (use additional form if necessary)

①						
②						
③						
④						
⑤						
⑥						
⑦						

Promoter: \_\_\_\_\_ Company: \_\_\_\_\_

Address (number and street)	City	State	Zip	Phone
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I swear the information provided in the packet is true and accurate to the best of my knowledge. Any false information could result in suspension and/or banishment by ruler.      Applicant Print Name: \_\_\_\_\_

Make checks payable to: <b>Combat Sports Authority of Maine</b>	Applicants Signature: _____	Date:      /      /
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**Referee's (2 minimum)** Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

**Referee's (2 minimum)** Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

**Judges (3 minimum)** Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

**Judges (3 minimum)** Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

**Judges (3 minimum)** Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

**Timekeeper:** Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Scorekeeper:** Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Announcer:** Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

## **Doctors (2 minimum)**

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Contact#: \_\_\_\_\_

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Contact#: \_\_\_\_\_

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Contact#: \_\_\_\_\_

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Contact#: \_\_\_\_\_

## **Cut Man (? Not required)**

Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

**Security:**

Staff \_\_\_\_\_ Contact#: \_\_\_\_\_

## **Insurance Information:**

Company Name: \_\_\_\_\_ Policy#: \_\_\_\_\_ Phone#: \_\_\_\_\_

Company Name: \_\_\_\_\_ Policy#: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Ambulance Company:** \_\_\_\_\_ **Police Department:** \_\_\_\_\_

Number of EMT's (2 minimum) \_\_\_\_\_ Number of Police Officers: \_\_\_\_\_

Contact#: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**EQUIPMENT:** WATCHES, TIMEKEEPERS, STRETCHER, GLOVES, MATTS, H20/BUCKET, LATEX GLOVES, FOOD FOR THE FIGHTERS



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## EVENT CHECKLIST

1. All fighters paperwork filled in correctly & completely \_\_\_\_\_
2. Ringside Physician(s) Name & License # \_\_\_\_\_
3. All Fighters examined and cleared by ringside physician \_\_\_\_\_
4. Two EMT's on site with unobstructed path to cage and ambulance \_\_\_\_\_
5. Two Licensed Referee's names: \_\_\_\_\_  
\_\_\_\_\_
6. Three Licensed Judges names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Timekeeper name: \_\_\_\_\_
8. Scorekeeper name: \_\_\_\_\_
9. Two warm-up room attendants names: \_\_\_\_\_  
\_\_\_\_\_
10. Two Cut Man Name's and Telephone Numbers: \_\_\_\_\_  
\_\_\_\_\_
11. All fighters wearing approved MMA/Boxing gloves/gear: \_\_\_\_\_
12. Promotion supplied security in place (Approx #): \_\_\_\_\_
13. Cage door Operators/Floor cleaners with towels and cleaner: \_\_\_\_\_
14. Promoter Insurance verification/info: \_\_\_\_\_
15. Adequate seating for all official at Cage side: \_\_\_\_\_
16. Name of CSAM Representative in attendance: \_\_\_\_\_
17. Event Start Time: \_\_\_\_\_ Event Finish Time: \_\_\_\_\_
18. Promoter paid all fee's and submitted all paper work required ? YES \_\_\_\_\_ NO \_\_\_\_\_

### Official Representative info:

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

# PROMOTERS CHECKLIST

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- 1) Event approved by CSAM: \_\_\_\_\_
- 2) Fight card approved by CSAM: \_\_\_\_\_
- 3) All fighters licensed and paperwork filled in correctly and completely (30 days prior to event): \_\_\_\_\_
- 4) All fighters registered with Mixed Martial Arts.com/BoxRec.com registry & fee paid: \_\_\_\_\_
- 5) No fighters currently suspended (verify on MMA.com, BoxRec registry): \_\_\_\_\_
- 6) All Fighters medicals approved & submitted (at least 10 days before the fight): \_\_\_\_\_
- 7) Managers/Corners/Seconds all licensed with CSAM: \_\_\_\_\_
- 8) Ringside Physician Licensed with CSAM: \_\_\_\_\_
- 9) Referees Licensed and approved by CSAM: \_\_\_\_\_
- 10) 3 Judges Licensed and approved by CSAM: \_\_\_\_\_
- 11) Timekeeper and Score Keeper licensed and approved by CSAM: \_\_\_\_\_
- 12) Ringside EMT staff in place: \_\_\_\_\_
- 13) All fighters wearing approved MMABoxing gloves/gear: \_\_\_\_\_
- 14) Promotion supplied security in place (Approx #): \_\_\_\_\_
- 15) Cage door Operators/Floor cleaners with towels and cleaner: \_\_\_\_\_
- 16) Promoter Insurance verification/info: \_\_\_\_\_
- 17) Adequate seating for all officials at Cage side: \_\_\_\_\_
- 18) Two Cut man Hired: \_\_\_\_\_
- 19) All Fighters medicals submitted 10 days before event: \_\_\_\_\_