

PROPOSED FIGHT CARD

FLORIDA STATE BOXING COMMISSION
 FAX: 850.922.2249

DATE OF EVENT: _____

CITY: _____

NAME OF MATCHMAKER
 (as licensed): _____

TYPE: _____ (Boxing, Kickboxing, or Mixed Martial Arts)

This information must be filed with the Florida State Boxing Commission **AT LEAST 10 DAYS PRIOR** to the date of the proposed program of matches. The Commission will approve or disapprove each pairing of participants. No match shall be advertised until the Commission has tentatively approved the permit AND has approved the pairing of the participants for the match to be advertised. No tickets to the program of matches shall be sold or complimentary ticket issued until the Commission has tentatively approved the permit.

IMPORTANT NOTE: All participants must have **Hepatitis-B Surface Antigen, Hepatitis-C Antibody Examinations, Rapid Human Immunodeficiency Virus (HIV) testing and a Dilated Eye Examination** on file with the Commission with each respective examination's date of execution within the past 12 months. Female participants must present a negative pregnancy exam. Results can be faxed to 850.922.2249 and are due **AT LEAST 7 DAYS PRIOR** to the date of the proposed program of matches.

OFFICIAL RECORDS: Any proposed participant for boxing must be submitted along with a current copy of the official record from **Fight Fax, Inc.** unless the proposed participant is making a professional debut whereupon the proposal must be accompanied by a **PRO DEBUT INFORMATION SHEET**. For mixed martial arts, records from **battlebase.net** must accompany the proposal.

Seq #	Cnr	Name	Scheduled Rounds	Hometown	DOB	Contract Weight (Max.)	Male/Female	List any Titles at stake
1	BLUE							
	RED							
2	BLUE							
	RED							
3	BLUE							
	RED							
4	BLUE							
	RED							
5	BLUE							
	RED							
6	BLUE							
	RED							
7	BLUE							
	RED							
8	BLUE							
	RED							
9	BLUE							
	RED							
10	BLUE							
	RED							
11	BLUE							
	RED							
12	BLUE							
	RED							

For Mixed Martial Arts, the following statement is required: I hereby certify the match(es) on this proposed fight card are safe and competitive matches between participants of similar skill level and experience.

PROPOSED CARD LAST UPDATED ON: _____

SIGNATURE (OF MATCHMAKER) _____

DATE _____

Please return via FAX to 850.922.2249 or via e-mail to FLORIDA.BOXING@DBPR.STATE.FL.US - If you have any questions, please call 850.488.8500.

BPR-0009-456

2014 July - Rule 61K1-3.001, F.A.C.