## **COMPLETE, PRINT, SIGN, AND MAIL**



Commission of Combative Sports

State of North Dakota

600 E Boulevard Ave Dept 108 Bismarck ND 58505-0500 Telephone: (701) 328-3664

Toll-Free: (800) 352-0867, ext. 328-3664

Fax: (701) 328-1690 Website: sos.nd.gov

Email: combativesports@nd.gov

## **DEPOSIT TO SECURE EVENT APPROVAL: \$1,000**

## Instructions:

- 1. Please print or type all information.
- 2. This form must be submitted for each event.
- 3. Within ten (10) days after the preliminary approval, a signed confirmation or contract with the venue must be submitted to the address above. Failure to provide confirmation will result in the date being released.

Event type (check one)						
Boxing	☐ Mixed fighting style		Kickboxing			
Promoter's name				Telephone	Telephone number	
Street address or PO box			City	State	ZIP code	
Date of event	Time of event	☐ AM	Date of weigh-in	Time of we	igh-in AM	
Place of event				County of e	County of event	
Street address of event			City	State	ZIP code	
Matchmaker name				Is the matc	Is the matchmaker licensed?  Yes No	
Contact person for event						
Signature of promoter				Date	Date	
	FOR SECF	RETARY O	F STATE APPROVAL			
Preliminary approval pending confirmation				Date	Date	
Denial				Date	Date	
	PERMISSION I	IS GRANTE	ED ONLY AFTER SIGNE	D		
Permission is hereby gr	anted for the above event to b	oe held on t	he date above and no oth	ier.		
Lead commissioner assigned				Event num	Event number	
Commission of Combative Sports				Date	Date	