

IAB PROMOTER EVENT LICENSE FORM



This form must be submitted and approved prior to any event being granted the Sanctioning of the IAB.

- Thank you for applying to be an IAB Licensed Promoter. To make your event sanctioning request official, please Print Out the pages below, fill out and MAIL to the IAB to IAB, P.O. Box 1205, 9250 Cypress Street, Newcastle, CA, 95658, USA.
- PLEASE INCLUDE IN YOUR MAILING
 1. This form completed in full.
 2. Your IAB Sanctioning fee for this event you are applying for.
- This form must be approved by the IAB prior to you advertising your event as an IAB Sanctioned event.
- (**) If your event is less then 35 days from this mailing, please note this on the top of this form when you mail it in with the understanding that If this form is not "IN" the IAB Office 35 days or more prior to your event your fees will increase as noted on the Sanctioning Fee Schedule page. Be aware that the IAB offers discounts for sanctioning fees paid 35 days or more prior to your event. When sending in this form, please check on the sanctioning fee page for the correct fee schedule that will equal your event. This page can be found at on the IAB website; www.IABBoxing.com/SancFEES.htm - If you are unclear as to your fee to pay or have any other questions before sending your application in, please contact the IAB directly at (916) 663-2467. The proper fee should be sent in with this form to: IAB, P.O. Box 1205, 9250 Cypress Street, Newcastle, California, 95658, USA.

SECTION 1 - PROMOTER / EVENT INFORMATION

(*) **NOTE:** Approved IAB Promoters who have sanctioned with the IAB within 6 months prior to this event do not need to fill out the section with an * next to it unless this information has changed.

PLEASE PRINT NEATLY

1. PROPOSED EVENT DATE: Month: _____ Date: _____ Year: _____
If actual date has not been set yet just write in TBA.
2. PROMOTERS NAME: _____ *DOB: M ___ /D ___ /Y ___
3. *RESIDENCE ADDRESS: _____
4. *CITY: _____ ST/PROV: _____ COUNTRY: _____ ZIP: _____
5. *PHONE: CELL: _____ BUSINESS: _____
6. *FAX: _____ EMAIL: _____
7. *THREE PERSONAL REFERENCES: NAME, CITY, PHONE NUMBER
_____-_____-_____
_____-_____-_____
_____-_____-_____
8. PROMOTIONAL COMPANY NAME: _____
9. *ADDRESS: _____
10. *CITY: _____ ST/PROV: _____ COUNTRY: _____ ZIP: _____
11. NAME OF EVENT: _____
12. EVENT LOCATION (Venue Name) : _____
13. *CITY: _____ ST/PROV: _____ COUNTRY: _____ ZIP: _____
14. PHONE NUMBER ON WEB PAGE FOR CONTACT: (_____) _____ - _____
15. WEB SITE ADDRESS: www. _____
16. EVENT MATCHMAKERS NAME: _____
17. BOUT INFO
 1. Number of Proposed Amateur Bouts: _____ Number of Proposed Pro Bouts: _____
 2. Number of Proposed PRO Title Bouts If Any: _____ (Please List Them Below If So)
 3. Number of Proposed AMATEUR Title Bouts If Any: _____ (Please List Them Below If So)

- CONTINUED -

SECTION 2 - EVENT OFFICIALS

1. **IAB OFFICIALS "REQUESTED" BY PROMOTER**

- All of your event officials will be assigned to work your event by the **IAB**. The **IAB** does allow you to "**REQUEST**" certain event Officials. However, the **IAB** cannot promise officials that you request will be appointed to your event. If you have certain officials you have seen work and would like to have them be appointed to your event, you may "**REQUEST**" them to work your event. OFFICIALS FEES: You will be required for all fees related to your event Officials. You will be required to pay for all fees related to your **IAB** Event Representative. **If you do not know any Officials please write in "As Appointed By IAB"**

REQUESTED IAB REPRESENTATIVE: _____

REQUESTED IAB REFEREE(S): _____

REQUESTED IAB JUDGES: _____

REQUESTED IAB TIMEKEEPER: _____

2. **NON CERTIFIED IAB OFFICIALS "REQUESTED" BY PROMOTER**

- If you have previously sanctioned your events with another sanctioning body, and like certain officials from that organization, you can "**REQUEST**" them to work your **IAB** Sanctioned event **PROVIDED** they or you can show proof that they have been Trained and/or Certified through another "*Legitimate*" Sanctioning body. All they would need to do is register as an **IAB** Event Official. The **IAB** cannot promise that these officials will be appointed to your event but can inform you of their accepted status prior to your event. The only individual that would need sole **IAB** Certification would be your event Representative. If more space is needed, please include on an additional piece of paper with your form.

- **REQUESTED NON IAB LICENSED/CERTIFIED REFEREE(S)**

- _____
- What Sanctioning Body Have They Worked For: _____
- Last Event They were a REFEREE At & Where: _____

- **REQUESTED NON IAB LICENSED/CERTIFIED JUDGES**

- _____
- What Sanctioning Body Have They Worked For: _____
- Last Event They were a REFEREE At & Where: _____

- **REQUESTED NON IAB LICENSED/CERTIFIED TIMEKEEPER**

- _____
- What Sanctioning Body Have They Worked For: _____
- Last Event They were a REFEREE At & Where: _____

3. **PROMOTER'S HIRED MEDICAL "DOCTOR(S)"**

- Who are you requesting to be your licensed Medical "DOCTOR(S)" For Your Event:
 - DR. _____
 - DR. _____
- Have they ever been a ringside fight DOCTOR for an IAB Event? Answer Yes or No: _____
- When and where: _____
- If no, have they ever been a ringside fight DOCTOR? Answer Yes or No: _____
- Please list some events they have worked: _____
- Are they/he/she qualified/certified for TRAUMA Emergencies? Answer Yes or No: _____

SECTION 3 - EVENT EQUIPMENT

• **EQUIPMENT**

- What BRAND NAME of Gloves are you using on your event: _____
 - Are these Gloves **IAB** Approved? _____
 - (*) Keep in mind that the **IAB** Must approve the actual BRAND NAME of Fight Gloves you will be using for your event. In some cases, the IAB may be able to Provide your event Fight Gloves for you.
- What BRAND NAME Fighting ring are you using? _____
 - Are all the ring dimensions (20' x 20' Minimum) **IAB** Approved? _____

- CONTINUED -

SECTION 4 - INSURANCE

The Below Information & Requirements Will Be Required Of You To Be Faxed (916-663-4510) Or Mailed To The IAB Headquarters to be received here Within 7 Days Prior To Your Event If Approved. UNLESS YOU ALREADY HAVE THIS INFO, For now, these answers may be left blank until you provide this information to the IAB prior to your event.

• **INSURANCE INFO: IAB MUST BE LISTED as an Additional Insured on "ALL" your Insurance Policies**

- What Company is Covering Your Fighters Medical Coverage: _____
It is **MANDATORY** that you have a minimum of \$2,500.00 in in fighter medical insurance.
 - Contact At Company: _____
 - Coverage amounts: _____
 - Policy Number: _____
- **IAB Needs To Be listed As a Secondary Insured on Your Venue Liability**
 - Contact At Company: _____
 - Coverage amounts: _____
 - Policy Number: _____

SECTION 5 - SANCTIONING FEES & PROMOTER AGREEMENT

BELOW IS REQUIRED OF YOU IN THIS MAILING

• **THIS FORM FILLED OUT IN FULL**

• **IAB SANCTIONING FEE INFO**

- Total Amount Paying For General Event Sanctioning Fee: \$ _____
- If ANY: Total Amount Paying For TITLE Sanctioning Fees: \$ _____
- If ANY: Total Amount Paying For Title "BELTS": \$ _____
- TOTAL Amount Paying To IAB For All Fees: \$ _____

PROMOTER AGREEMENT - *Please Initial EACH Item:*

- _____ Promoter has read and agrees to all requirements of **IAB** Sanctioning.
- _____ Promoter has read and agrees to all requirements of **IAB** Representative.
- _____ Promoter has read and agrees to **IAB** Ringside Rules & Regulations.

Promoter AGREES to the Following as MANDATORY Requirements of IAB Sanctioning

1. _____ Include in ALL Event advertisements, print, audio and TV the following:
_____ **PRINT ADS/Posters/Fliers/Event Program:** IT MUST CLEARLY SAY ON YOUR AD THAT THIS IS AN **IAB** SANCTIONED EVENT. The **IAB** Logo shall be placed in the **upper left or upper right corner of your ad.**
_____ **Audio & or TV:** the following shall always be included in and audio or TV advertisement voiced as: "*This event is Sanctioned by the IAB, for more info go to IABBoxing.com.*"
_____ A copy of any and all of the above materials must be sent to **IAB** Headquarters prior to your event. If materials are not received by the **IAB** a minimum 10 days prior to your event, the **IAB** Sanctioning for your event will be cancelled.
2. **A MINIMUM 5 DAYS PRIOR TO YOUR EVENT**
_____ Send a full list of the proposed bouts to the **IAB**. If the proposed bout schedule is not received by the **IAB** a minimum of 5 days prior to your event, **IAB** Sanctioning for your event will be cancelled and you will be fined \$500.00.
3. **WITHIN 7 DAYS AFTER YOUR EVENT**
_____ For official record **YOU MUST Film your event:** Minimum of VHS or DVD. Once done, you will send to the **IAB** the "BEST" quality video footage of the event within 7 days after the event. **Not doing so will suspend you from any future IAB Sanctioned events and a fine of \$500.00 must be paid before re-approved as an IAB Promoter.**
4. **CO-SANCTIONED EVENT:** If your event is co-sanctioned with another sanctioning body you must abide by the **IAB** Co-Sanction requirements.

Promoter agrees to all noted items of this Sanctioning Contract above and all information provided above is true and correct and said promoter proves so by signing and printing his name below.

Chief Promoters Printed Name: _____ Date: ____/____/____

Chief Promoters Signature: _____ Date: ____/____/____