



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Compliance Division/COMBATIVE SPORTS PROGRAM

P.O. Box 12157 Austin, Texas 78711 (512)463-5101 FAX (512)463-1087

Email Address: combative.sports@tdlr.texas.gov Internet Address: www.tdlr.texas.gov

ADVANCE NOTICE

Request for approval of cards must be received by the Department in writing at least ten (10) days prior to the date of the contest. Said request must contain: (1) full legal name of contestant, (2) address of contestant, (3) contestant's date of birth, (4) contestant's Texas license number, (5) contestant's Federal ID number (if applicable), (6) number of rounds to be fought and (7) a copy of current Fight Fax showing previous record (if applicable). Information for the weigh-in must be included with this notice.

Date: _____

Promoter's Name:	License #
Promoter's Phone #	Promoter's Fax #
Matchmaker's Name:	License #
Matchmaker's Phone #	Matchmaker's Fax #

You are hereby notified that the following contestants have agreed to appear at:

_____ in the City of _____
(Arena)

on the ____ day of _____ 20 ____ at ____ am/pm. TV Broadcast : () Yes () No
Broadcast Company _____

Is this a championship Fight? () Yes () No If yes, give name of Sanctioning Body and Title.

(Name) (Title)

WEIGH-IN INFORMATION

Date: _____ Time: _____ Place: _____

Address: _____

MAIN EVENT

Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth :		Date Of Birth:
TX License #		TX License #
Federal ID #		Federal ID #
Record:		Record:

BALANCE OF CARD

Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth :		Date Of Birth:
TX License #		TX License #
Federal ID #		Federal ID #
Record:		Record:

Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth :		Date Of Birth:
TX License #		TX License #
Federal ID #		Federal ID #
Record:		Record:

Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth :		Date Of Birth:
TX License #		TX License #
Federal ID #		Federal ID #
Record:		Record:

Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth :		Date Of Birth:
TX License #		TX License #
Federal ID #		Federal ID #
Record:		Record:

BALANCE OF CARD

Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth :		Date Of Birth:
TX License #		TX License #
Federal ID #		Federal ID #
Record:		Record:

Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth :		Date Of Birth:
TX License #		TX License #
Federal ID #		Federal ID #
Record:		Record:

Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth :		Date Of Birth:
TX License #		TX License #
Federal ID #		Federal ID #
Record:		Record:

Substitutes will not be permitted without prior permission from Department Representative.

I do hereby certify that the foregoing information is accurate and true , to the best of my knowledge, and that all contests are mad on the basis of equal ability and all contestants have been made aware of the requirements for licensing and are not currently under any suspension.

Promoter/Matchmaker

Date

OFFICIALS WILL BE ASSIGNED BY THE TEXAS DEPARTMENT OF LICENSING AND REGULATION.

ALL CONTESTANTS MUST BE LICENSED SEVENTY-TWO HOURS BEFORE THE EVENT.

INSURANCE REQUIREMENTS MUST BE MET AT LEAST TEN CALENDAR DAYS BEFORE THE EVENT.