



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

(512) 539-5722 • FAX (512) 463-1087

www.tdlr.texas.gov • combative.sports@tdlr.texas.gov

AMATEUR ADVANCE NOTICE

Request for approval of cards must be received by the Department in writing at least twenty-one (21) days prior to the date of the contest. The request must contain: (1) full legal name of contestant, (2) address of contestant, (3) the contestant's date of birth, (4) contestant's Amateur Combative Sports Association registration date and, (5) number of rounds to be fought.

Information for the weigh-in must be included with this notice.

Date:

Promoter's Name:	Association:
Promoter's Phone #:	Promoter's Email:
(Area Code) Phone Number	
Promoter's Representative Name:	Representative's Email:
Representative's Phone #:	

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

ARENA NAME AND ADDRESS:

Arena Name, Street Number, Street Name, Suite Number, City, State, Zip Code

on the		day of		20		at		am.	pm.
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WEIGH-IN INFORMATION

Date:	Time:	Location Name:
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STREET ADDRESS:

Street Number, Street Name, Suite Number, City, State, Zip Code

MAIN EVENT

Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth:		Date of Birth:
Registration Date:		Registration Date:
Record:		Record:

BALANCE OF CARD

Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth:		Date of Birth:
Registration Date:		Registration Date:
Record:		Record:
Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth:		Date of Birth:
Registration Date:		Registration Date:
Record:		Record:
Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth:		Date of Birth:
Registration Date:		Registration Date:
Record:		Record:
Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth:		Date of Birth:
Registration Date:		Registration Date:
Record:		Record:
Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth:		Date of Birth:
Registration Date:		Registration Date:
Record:		Record:

BALANCE OF CARD		
Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth:		Date of Birth:
Registration Date:		Registration Date:
Record:		Record:
Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth:		Date of Birth:
Registration Date:		Registration Date:
Record:		Record:
Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth:		Date of Birth:
Registration Date:		Registration Date:
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 made on the basis of equal ability and all contestants have been made aware of the requirements and are not currently under any suspension.		
Promoter		Date
Promoter's Representative		Date
ALL CONTESTANTS MUST BE REGISTERED 30 DAYS BEFORE THE EVENT.		
INSURANCE REQUIREMENTS MUST BE MET AT LEAST TEN (10) CALENDAR DAYS BEFORE THE EVENT.		