

Please note, failure to fully complete this application, or submitting any misleading or false information may result in refusal of licence and prosecution under the laws of the City of Edmonton. Pursuant to City of Edmonton Bylaw 15594, *Combative Sports Bylaw, Section 5(g)*: the ECSC Executive Director may request any additional information reasonably required to review and process any application. The Edmonton Combative Sports Commission (the "Commission") has final authority and may suspend or revoke a licence.

Edmonton Combative Sports Commission Contestant Event Licence Application

APPLICANT'S LEGAL NAME PHONE/CELL:		IDENTIFICATION (Attach a copy of government issued photo ID)	
MAILING ADDRESS	CITY	PROVINCE	POSTAL CODE
PRO-DEBUT (circle) YES or NO INACTIVITY more than one year? (circle) YES or NO <i>(if inactive for 1 year or more, boxing contestants are only permitted to compete in bouts of 8 rounds or less)</i> LAST FIGHT DATE:	GENDER	AGE (N.B 40+ Athlete)	DATE OF BIRTH
E-MAIL ADDRESS:			
EVENT TYPE (Please circle): BOXING MIXED MARTIAL ARTS OTHER: (PLEASE SPECIFY) _____			
EVENT DATE: _____			
FULL NAME OF SECONDS: 1.			



ecsc@edmonton.ca
 (780) 218-2966
 P.O. Box 2359
 Edmonton, AB
 T5J 2R7

2.	
3.	
*4.	* for Championship Fights Only
PROMOTER NAME:	
Event Licence Fee of \$75.00 PAID? (Internal Use) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Internal use Licence Number:	Internal use Valid Date:

Applicant please read the following and confirm “YES” or “NO” to each statement:

1. I confirm that I am a member in good standing with my home Combative Sports or related Commission and I’m not under any combative sport fight or related suspension from any international, national, provincial / state, municipal or tribal sanctioning body.

YES_____ NO_____

2. I confirm that I will abide by all the rules and regulations of the Edmonton Combative Sports Commission.

YES_____ NO _____

Applicant Signature _____ **Date** _____