

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 9960 Mayland Drive, Suite 400
 Richmond, Virginia 23233
 (804) 367-0186



**Boxing & Wrestling
 EVENT CARD ADDITIONS AND DELETIONS FORM**

1. Date of Event _____
2. Time of Event _____
3. Location of Event – Name of Facility _____
4. Location of Event – Street Address _____
 City, State, Zip Code _____
5. Event's Virginia License Number 4 1 _____
6. Promoter's Telephone & Fax Numbers () - () - () -
 Telephone Facsimile Beeper/Cellular

7. Card Additions

Contestant's Name		Contestant's Name	Number of Rounds
	VS		
	VS		
	VS		
	VS		
	VS		

8. Card Deletions

Contestant's Name		Contestant's Name	Number of Rounds
	VS		
	VS		
	VS		
	VS		
	VS		

9. I, the undersigned, certify that the foregoing statements and answers are true and I have not suppressed any information that might affect the Department's decision to license the specified event. I read, understand, and will conduct the event in full compliance with all the laws related to boxing and wrestling events under the provisions of Title 54.1, Chapter 8.1 of the *Code of Virginia* and the *Virginia Professional Boxing and Wrestling Regulations*.

Promoter's _____ Date _____
 Signature _____

Required Documentation

You must attach evidence (i.e., photocopies of insurance cards, etc.) that all **boxers** scheduled to compete in the event are covered by a health insurance policy to cover medical expenses for injuries incurred during the boxing event. The minimum coverage shall be \$25,000.