

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



**Boxing & Wrestling
 PROMOTERS FEE REPORT**

Mail white copy with check or money order payable to the Treasurer of Virginia with the completed report within 24 hours of event to DPOR

Promoter _____ Event _____
 Event Date _____ Event License # _____
 Event Address _____

PART 1 - GROSS PROCEEDS FROM TICKET SALES						
(1) Ticket Cost	(2) # Printed	(3) # Unsold	(4) # Sold	(5) # Given Away	(6) Total (Add Columns 4 + 5)	(7) Total Value of Tickets (Multiply Column 1 x 6)
\$						\$
\$						\$
\$						\$
\$						\$
\$						\$
Total Gross Proceeds from Tickets						\$

Calculation of Fee	(8) Gross Receipts	(9) Applicable Percentage	Fee on Proceeds (Multiply Column 8 x 9)
5% of first \$100,000	\$	5%	\$
2.5% of amount over \$100,000	\$	2.5%	\$
SUBTOTAL PART 1 (Total Ticket Fees)			\$

PART 2 - GROSS PROCEEDS FROM SALE OF VIDEO/TELEPHONIC RIGHTS		
Distributor's Name	Type of Media	Amount
		\$
Total Gross Proceeds from Video/Telephonic		\$

Calculation of Fee	(10) Gross Receipts	(11) Applicable Percentage	Fee on Proceeds (Multiply Column 10 x 11)
5% of first \$100,000	\$	5%	\$
2.5% of amount over \$100,000	\$	2.5%	\$
SUBTOTAL PART 2 (Total Video/Telephonic Fees)			\$

PART 3 - EVENT SUMMARY AND CERTIFICATION		
SUBTOTAL - PART 1	Total Ticket Fees	\$
SUBTOTAL - PART 2	Total Video/Telephonic	\$
GRAND TOTAL FOR EVENT		\$

I certify that the amounts reported are accurate and complete.

 Signature of Filer

OFFICE USE ONLY	DATE	FEE	REPORT VERIFIED	LICENSE NUMBER
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