

Kentucky Boxing and Wrestling
Commission

500 Mero St, 218NC

Frankfort, Ky 40601



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SHOW NOTICE FORM

SPORT (Circle One):

MMA (30-Day Notice Required)

Boxing (30-Day Notice Required)

Wrestling (10-Day Notice Required)

EVENT TYPE (Circle One):

Amateur

Pro/Am

Professional

Promoter Name _____

Promotion Name _____

Home #: _____ Cell #: _____

Event Venue _____

Rental Agent _____ Venue Phone: _____

Venue Address _____

Date of Event _____ Time _____
(month, day & year)

If a **wrestling** show, does the promoter plan on any participant bleeding? **YES NO**
(If yes, see 201 KAR 27:012, Section 1(9). A healthcare professional must be in attendance.)

Incomplete show notice forms will NOT be accepted. The Commission shall consider the show an ILLEGAL event and the Promoter shall be subject to disciplinary action, including potential license suspension or revocation.

Promoter's Signature _____ Date _____