COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL LICENSURE
STATE ATHLETIC COMMISSION

PLEASE SUBMIT APPLICATION TO:

1000 WASHINGTON STREET BOSTON, MASSACHUSETTS 02118

PROPOSED FIGHT CARD

INSTRUCTIONS

- THIS DOCUMENT MUST BE COMPLETED AND SUBMITTED TO THE STATE ATHLETIC COMMISSION NO LATER THAN TEN (10) BUSINESS DAYS PRIOR TO THE PROPOSED EVENT.
- ALL FIGHTERS MUST BE LICENSED BY THE COMMISSION.
- ALL FIGHTERS MUST HAVE A FEDERAL IDENTIFICATION NUMBER TO BE ELIGBLE TO PARTICIPATE (NOT APPLICABLE TO S.E. KICKBOXERS).
- ALL FIGHTERS SHALL EITHER HOLD AN UNARMED COMBATANTS LICENSE ISSUED BY THE COMMISSION OR SUBMIT AN APPLICATION FOR LICENSURE AS AN UNARMED COMBATANT WITHIN SEVEN (7) DAYS OF THE PROPOSED EVENT.
- A MINIMUM OF 28 ROUNDS FOR BOXING AND 2O ROUNDS FOR MIXED MARTIAL ARTS MUST BE SCHEDULED IN ORDER FOR AN EVENT TO BE SANTIONED.

Name of Promoter: _____
Promoter's License Number: _____

Name of Matchmaker: _____
Matchmaker's License Number: _____

Date of Event: _____

Location of Event: _____

Bout Justification: Any written justification provided will be used in consideration of the fight card approval and unarmed combatant licensing. The Commission reserves the right to request additional justification for any or all the proposed bouts. Justification may be supplied as an attachment or sent via email to the Commission.

PROPOSED FIGHT CARD

I, the Matchmaker, hereby certify that the proposed bouts are to the best of my ability and knowledge, true competitive bouts based upon weight, skill level, experience and style or discipline. I understand that making a false statement or omitting facts may subject a participant to injury or death and it could result in suspension or revocation of my license in accordance with 523 CMR 20.00. I also understand that continually submitting poor pairings and or not closely monitoring the submission of pairings, or not turning in required pairing records in a timely manner may be cause for suspension or revocation of my license and will more than likely cause the bout(s) to be disapproved in accordance with 523 CMR 6.00 & 20.00.

_____

MATCHMAKER SIGNATURE **DATE**

I, the Promoter, hereby certify that the proposed bouts are to the best of my ability and knowledge, or that of the matchmaker whom I have employed for this event, true competitive bouts based upon weight, skill level, experience and style or discipline. I understand that making a false statement or omitting facts may subject a participant to injury or death and it could result in suspension or revocation of my license in accordance with 523 CMR 20.00. I also understand that the continued submission of poor pairings (by me or the matchmaker I have employed) and or not closely monitoring the submission of pairings, or not turning in required pairing records in a timely manner may be cause for suspension or revocation of my license and will more than likely cause the bout(s) to be disapproved in accordance with 523 CMR 6.00 & 20.00.

_____

PROMOTER SIGNATURE **DATE**

Guidelines for Bout Justification Requirement

In accordance with 523 CMR 10.11, the Massachusetts State Athletic Commission (MSAC) is committed to ensuring that all approved fight cards feature evenly matched bouts. To aid in this process, MSAC has established the following guidelines for matchmakers when submitting a fight card for approval. Meeting any of these criteria does not automatically disqualify a proposed bout. Instead, if a combatant or proposed bout falls into one or more of these categories, matchmakers are required to submit a written bout justification for review. This justification will be considered both for the approval of the fight card and for combatant licensing.

In no particular order, the categories are as follows:

1. A combatant has experienced 3 consecutive KO/TKOs in their last three bouts.

2. A combatant has experienced 5 or more KO/TKOs in their last 10 bouts.

3. A combatant age 40 or over.

4. Either boxer has a record differential of 10 or more wins or 10 or more losses when compared to their opponent.

5. A combatant with a High-Risk Category* (BSI of 5+) on BoxRec or CombatRegistry.

FIGHT #	PRO/AM (check one)	# OF ROUNDS	FIGHTER INFORMATION		FIGHTER INFORMATION
1	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:
FIGHT #	**PRO/AM (check one)**	**# OF ROUNDS**	**FIGHTER INFORMATION**		**FIGHTER INFORMATION**
2	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:
FIGHT #	**PRO/AM (check one)**	**# OF ROUNDS**	**FIGHTER INFORMATION**		**FIGHTER INFORMATION**
3	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:
FIGHT #	**PRO/AM (check one)**	**# OF ROUNDS**	**FIGHTER INFORMATION**		**FIGHTER INFORMATION**
4	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:
FIGHT #	**PRO/AM (check one)**	**# OF ROUNDS**	**FIGHTER INFORMATION**		**FIGHTER INFORMATION**
5	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:

FIGHT #	PRO/AM (check one)	# OF ROUNDS	FIGHTER INFORMATION		FIGHTER INFORMATION
6	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:
FIGHT #	**PRO/AM (check one)**	**# OF ROUNDS**	**FIGHTER INFORMATION**		**FIGHTER INFORMATION**
7	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:
FIGHT #	**PRO/AM (check one)**	**# OF ROUNDS**	**FIGHTER INFORMATION**		**FIGHTER INFORMATION**
8	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:
FIGHT #	**PRO/AM (check one)**	**# OF ROUNDS**	**FIGHTER INFORMATION**		**FIGHTER INFORMATION**
9	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:
FIGHT #	**PRO/AM (check one)**	**# OF ROUNDS**	**FIGHTER INFORMATION**		**FIGHTER INFORMATION**
10	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:

FIGHT #	PRO/AM (check one)	# OF ROUNDS	FIGHTER INFORMATION		FIGHTER INFORMATION
11	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:
FIGHT #	**PRO/AM (check one)**	**# OF ROUNDS**	**FIGHTER INFORMATION**		**FIGHTER INFORMATION**
12	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:
FIGHT #	**PRO/AM (check one)**	**# OF ROUNDS**	**FIGHTER INFORMATION**		**FIGHTER INFORMATION**
13	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:
FIGHT #	**PRO/AM (check one)**	**# OF ROUNDS**	**FIGHTER INFORMATION**		**FIGHTER INFORMATION**
14	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:
FIGHT #	**PRO/AM (check one)**	**# OF ROUNDS**	**FIGHTER INFORMATION**		**FIGHTER INFORMATION**
15	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:

FIGHT #	PRO/AM (check one)	# OF ROUNDS	FIGHTER INFORMATION		FIGHTER INFORMATION
16	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:
FIGHT #	**PRO/AM (check one)**	**# OF ROUNDS**	**FIGHTER INFORMATION**		**FIGHTER INFORMATION**
17	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:
FIGHT #	**PRO/AM (check one)**	**# OF ROUNDS**	**FIGHTER INFORMATION**		**FIGHTER INFORMATION**
18	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:
FIGHT #	**PRO/AM (check one)**	**# OF ROUNDS**	**FIGHTER INFORMATION**		**FIGHTER INFORMATION**
19	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:
FIGHT #	**PRO/AM (check one)**	**# OF ROUNDS**	**FIGHTER INFORMATION**		**FIGHTER INFORMATION**
20	☐ PRO ☐ AM		NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT:	**v s**	NAME: DATE OF BIRTH: FEDERAL ID#: AM RECORD: PRO RECORD: CONTRACT WEIGHT: