

First Name _____ Last Name _____

APPLICANT'S NAME – PRINTED

Redding Rancheria Athletic Commission
2000 Redding Rancheria Rd.
Redding, CA 96001

PARTICIPANT LICENSE APPLICATION

FEES:

PARTICIPANT (Boxer/Kick boxer/MMA)	\$10 per fight or \$50 annually
Second/Corner	\$10 per fight or \$50 annually
Medical Staff	No fee
Judges/Officials	\$20 per event or \$100 annually
Promoter	\$250 annually

_____ Single event/fight license

EVENT TITLE _____

EVENT DATE _____

POSITION _____

TODAY'S DATE _____

SECOND/CORNER FOR WHICH FIGHTER _____

STAFF FOR WHICH PROMOTER _____

TYPE OF EVENT

TEAM NAME

FIGHT RECORD

Mixed Martial Arts (MMA)

FULL NAME Last First Middle

Date of Birth _____ Age _____ Place of Birth _____

Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____ Male: _____ Female: _____

Legal Address:

P.O. Box or Street Address City State Zip

Telephone _____ Alternate phone number _____

Are you currently licensed by any other commission or tribe? _____ Yes _____ No

If YES, what type of license and expiration date? _____ (provide copy)

ANSWER ALL QUESTIONS FULLY:

1. Have you ever been suspended, revoked, disciplined or fined by an athletic commission? Yes No

If Yes, Please explain: _____

2. Have you ever been convicted of a felony or misdemeanor? Yes No

If Yes, please give details, including dates, place and disposition of case? _____

3. Have you ever been denied a license to participate or not allowed to participate due to medical or safety reasons? Yes No

If Yes, please explain: _____

4. Have you ever had any connection to any individual who has been convicted of gross safety negligence and/or any crimes in connection with a sanctioned bout? Yes No If Yes, Please explain _____

5. Experience/Qualifications: Please list your experience and qualifications for the license you are applying:

6. Licenses/Certificates: Please list any certificates you have that support your qualifications for the license you are applying: _____

I state under penalty of falsification of an application by the Redding Rancheria Athletic Commission that the information contained in this application is true and correct to the best of my knowledge. As a prerequisite to filing suit in the appropriate court, any claims by either party shall be submitted in accordance with the Redding Rancheria's Claims Ordinance.

Signature of Applicant

Date

The following person swears to verifying identity and eligibility of said applicant and attached a copy of applicants valid driver's license, valid picture ID, SS Card or other approved form(s) of personal identification. (See regulations)

Name

Date

APPROVED

DENIED

Signature of Redding Rancheria's Athletic Commission Representative

Date

You must fax your application to this number below:

Fax To: 541-879-0321

Phone: 541-826-2127

Rogue Fights Inc.
Amateur Bout agreement:
Event: January 21st 2012

Win-River Casino Redding, CA
Weight-ins – Friday January 20th 4 Pm

Fighter: _____ Record W _____ L _____

PH: _____ City: _____ ST _____

Team _____ Agreed Weight _____

Signatures

Rogue Fights _____ Date _____

Fighter _____ Date _____

Fax To: 541-879-0321

Phone: 541-826-2127