

Edmonton Combative Sports Commission**Event Date Request Form****Promoter Name / Company:**
_____**Main Contact:**
_____**Phone:** _____**Email:** _____**Specify Event Type (MMA / Boxing / Other):** _____**Anticipated Number of Bouts:** _____**Anticipated Attendance:** _____

DATE(S) REQUESTED	APPROVED EVENT LOCATION
1.	1.
2.	2.
3.	3.
4.	4.

EVENT DATE REQUEST DEPOSIT: \$ _____ **DATE:** _____**\$1000.00 Deposit per event** [Non-refundable if event date is changed]**\$ 500.00 Refund:** if event is held on date specified. **APPROVED** **NOT APPROVED****Review Date :** _____**Exec Director**
_____**Signature:**

Note: The ECSC will not be allowing two events on the same date. Applications will be initially dated upon delivery to the Executive Director during office hours, as a first step. A decision will be made as soon as possible following their receipt of the application, with a response to follow.