



SANCTIONING BODY EVENT REPORT

State Form 54473 (R / 3-11)

INDIANA GAMING COMMISSION

EVENT INFORMATION

Location of event			
Date of event (<i>month, day, year</i>)	Scheduled start time of event	Exact start time of event	Exact end time of event
Name of promoter		Name of sanctioning body	
Name of physician		Name of physician	
Name of ambulance service	Name of insurance company	Amount of insurance coverage	

OFFICIALS INFORMATION

Name of referee		Name of referee	
Name of timekeeper		Name of timekeeper	
Name of judge	Name of judge	Name of judge	

SANCTIONING BODY INFORMATION

Chief sanctioning body representative	Assistant sanctioning body representative
Assistant sanctioning body representative	Assistant sanctioning body representative
Assistant sanctioning body representative	Assistant sanctioning body representative

QUESTIONS

1. What was the final amount charged to the promoter for the sanctioning body to provide oversight at the event?

2. Was there adequate security provided at the event venue? Yes No
3. Did any amateur mixed martial artist compete at the event without the required medical documents provided beforehand? Yes No
4. Did any amateur mixed martial artists get drug tested at the event? Yes No
5. Were there any championship bouts at the event? Yes No
6. Did any professional mixed martial artists compete at the event? Yes No
7. Did any amateur mixed martial artists compete that are currently under suspension? Yes No
8. Did all amateur mixed martial artists have a National ID card? Yes No
9. Did any individual participate in the event that is under the age of 18? Yes No
10. Did the physician not allow any amateur mixed martial artist to fight for medical reasons? Yes No
If so, who and why?
11. Were all suspensions the sanctioning body wishes to issue included on the official results page? Yes No
If not, include the name of the amateur mixed martial artist and the justification for the suspension:
12. Were the physician and ambulance personnel present ringside at all times a bout was in progress? Yes No
13. Did the promoter provide a copy of the insurance coverage before the event? Yes No

REPORT

Provide an overall assessment of the individual bouts including any information regarding mismatches you believe the Commission should be made aware of:

Provide an overall assessment of all event participants, including details regarding any individual you believe the Commission should be made aware of:

Provide an overall assessment of the referee(s):

Provide an overall assessment of the judges:

Provide an overall assessment of the timekeeper(s):

Provide an overall assessment of the event physician(s) and ambulance service:

Provide an overall assessment of the event venue:

List any errors and omissions by the promoter of the event:

Provide any additional details regarding the event that you feel should be brought to the attention of the Commission:

EVENT REPORT AFFIRMATION

**I hereby swear or affirm, under penalties of perjury, that the statements
made in this event report are true, complete, and correct.**

Signature of chief sanctioning body representative

Printed name of chief sanctioning body representative

Date (*month, day, year*)