

BC Athletic Commission Proposed Match Justification Form



Event Name Even		ent Location		Event Permit Number		Event Date
Class			Style			Gender
Amateur Novice Amateur Advanced		Style Boxing		MMA		Male
Professional Number of Rounds				Muay Thai		Female
				<u> </u>		Terriale
CONTESTANT INFORMATION Full Name						
			Full Name			
		BCAC License Number				
		Date of birth / Age				
		Current Weight				
		Match/Bout Weight Class				
		Experience (years, months)				
	Fight Record AM/PRO (W-L-D)					
Date				Date		
Result		Previous 3 match/bout history		Result		
Method				Method		
Opponent Record (W-L-D)				Opponent Record (W-L-D)		
Suspension				Suspension		
			nt Training History ithin 6 months)			
	Trair	Trainer/Coach Name				
		Trainer/Coach Phone Number				
	Gym					
Rationale for Match/Bout						
Verification						
With my signature below, I attest and verify that I:						
 believe this to be a fair and reasonable match/bout and have no undue concerns for the safety or well-being of the contestants have not withheld any information that would influence the match justification or outcome of this competition 						
have contacted the trainer/coach of each contestant and they have approved this match/bout						
Matchmaker Name						
Promoter Name Promoter Signature Date						
Upon completion, please submit this form to be BC Athletic Commission at Athletic.Commissioner@gov.bc.ca						
☐ Sufficient Information for Justification						
Match/Bout Reviewer ☐ Insufficient Information for Justification ☐ BC Athletic Commissioner						