

## **MONTANA ATHLETIC PROGRAM**

301 So Park Ave, 4<sup>th</sup> Floor  
PO Box 200513  
Helena MT 59620-0513  
Phone: (406) 841-2334 Fax: (406) 841-2309  
E-MAIL: [dlibsdeath@mt.gov](mailto:dlibsdeath@mt.gov)  
WEBSITE: <http://www.athleticboard.mt.gov>

APPLICATION PROCEDURES FOR:

## **PROMOTER / MATCHMAKER**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the Program receives your complete routine application)

### **LICENSE REQUIREMENTS**

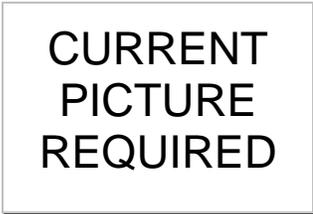
- APPLICATION:** Submit a completed application at least 30 days prior to an event. All applications must be notarized. A promoter license must be issued, before sanction of an event will be granted.
- FEES:** \$500 license fee payable to the Montana Athletic Program. All fees are non-refundable. (Club Boxing Promoter \$250)
- SURETY BOND:** Submit a \$5,000 Surety Bond.
- REFERENCES:** Names and addresses of three references (excluding relatives, present employer, or employees) who can attest to the applicant's experience and integrity.
- INSURANCE** Submit a copy of current liability insurance.
- PHOTO:** Must submit a full-face photograph of head and shoulders.

### **OTHER INFORMATION**

- RENEWAL:** All licenses expire on June 30 of each year and do not renew.
- SANCTION:** An event must be sanctioned at least 21 days prior to the event. An application for Program sanction must be completed for each individual event throughout the year. No advertising is to be distributed until an event has been sanctioned.
- GROSS REVENUE:** Submit projection of gross revenue for any planned event(s).
- LAWS & RULES:** Licensees are required to know and adhere to the laws and rules pertaining to the Montana Athletic Program. Current statutes and rules are located on the Program's website at: <http://www.athleticboard.mt.gov>

**MONTANA ATHLETIC PROGRAM**

301 So Park Ave, 4<sup>th</sup> Floor  
PO Box 200513  
Helena MT 59620-0513  
Phone: (406) 841-2334 Fax: (406) 841-2309  
E-MAIL: [dlibsdeath@mt.gov](mailto:dlibsdeath@mt.gov)  
WEBSITE: <http://www.athleticboard.mt.gov>



ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.  
(Please allow 14 days for processing from the date that the Program receives your complete routine application)

APPLICATION FOR:

**PROMOTER/MATCHMAKER**

Promoter Application - Page 1 of 3

Fees: \$500.00 (Club Boxing Promoter fee \$250.00)

Social Security Number \_\_\_\_\_

Full Name \_\_\_\_\_  
Last First Middle

Other Name(s) Known By \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Foreign ID Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please indicate you preferred mailing address  
\_\_\_\_ Home  
\_\_\_\_ Business

Indicate name to be shown on license:  
\_\_\_\_ Applicant Name  
\_\_\_\_ Business Name

Applicant Information

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

City, State \_\_\_\_\_

Business Information

Business Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

Zip \_\_\_\_\_

Promoter Application - Page 2 of 3

**All applicants must answer the following questions.**

If you answer "yes", provide a detailed explanation on a separate sheet of paper.		YES	NO
1.	Do you intend to practice in the State of Montana?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever previously applied for a license to practice in Montana? If yes, give date, and results.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever withdrawn an application for licensure? If yes, please give the state and reasons for withdrawal.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16 <sup>th</sup> birthday. If yes, attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you currently hold any professional or occupational license in Montana or another state? If yes, provide the following information:	<input type="checkbox"/>	<input type="checkbox"/>

**REFERENCES**

List the name, address, and phone number of three (3) individuals that can attest to your experience and integrity as a promoter/matchmaker

---

---

---

**AFFIDAVIT**  
Promoter Application - Page 3 of 3

I authorize the release of information concerning my education, training, record, character, license history, and competence to practice, by anyone who might possess such information, to the Montana Athletic Program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of license on ethical grounds. I have read and am familiar with the applicable laws of the State of Montana and instructions to applicants for licensure. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana license is issued to me, I agree to conduct myself in accordance with the laws and rules of Montana and the laws and rules regulating Montana Athletic Program.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

State of \_\_\_\_\_  
(County) of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ by  
Month Day Year  
(name(s) of person(s) making statement) \_\_\_\_\_

SEAL

\_\_\_\_\_  
(Signature of notarial officer)

\_\_\_\_\_  
Title (and Rank)

\_\_\_\_\_  
Residing at

My commission expires \_\_\_\_\_

**MONTANA ATHLETIC PROGRAM**  
301 So Park Ave, 4<sup>th</sup> Floor  
PO Box 200513  
Helena MT 59620-0513  
Phone: (406) 841-2334 Fax: (406) 841-2309  
E-MAIL: [dlibsdeath@mt.gov](mailto:dlibsdeath@mt.gov)  
WEBSITE: <http://www.athleticboard.mt.gov>

## SURETY BOND

We, \_\_\_\_\_

as Principal, and \_\_\_\_\_  
(Name of Surety)

agree to be obligated to the State of Montana in the sum of five thousand dollars (\$5,000), to be paid to the Montana Athletic Program. The Principal and Surety hereby bind themselves, their successors and assigns, jointly and severally, to the obligation herein.

This Bond is specifically conditioned upon the Principal's faithful compliance with the provisions of Title 23, Chapter 5, Montana Code Annotated, and all administrative rules adopted pursuant to such authority by the Montana Athletic Program.

The Principal has applied for a promoter's license in accordance with the provisions of Section 23-3-301 through 23-3-611, MCA. If the Principal faithfully complies, at all times, with all of the provisions of Title 23, Chapter 5, Montana Code Annotated, and all administrative rules adopted pursuant to statutory authority by the Montana Athletic Program, then this obligation shall be void. This Bond shall otherwise remain in full force and effect, and shall be due upon a written finding by the Montana Athletic Program that the Principal has violated any provision of Title 23, Chapter 5, Montana Code Annotated, or any administrative rule adopted pursuant to statutory authority by the Montana Athletic Program.

This Bond may be continued by a written continuation certificate executed by the Surety and filed with the Montana Athletic Program, 301 S Park, 4th Floor, Room 428, PO Box 200513, Helena, Montana, 59620-0513, covering licensing periods subsequent to the periods covered herein.

The Surety, as to future liability, may cancel this Bond only after the current license year or year covered by continuation certificate. Cancellation shall be made by giving written notice by certified mail, addressed to the principal at the above address, and to the Montana Athletic Program, 301 S Park, 4th Floor, Room 428, PO Box 200513, Helena, Montana, 59620-0513, no later than thirty (30) days prior to the expiration of the current license year. This Bond shall be void as to any liability arising subsequent to the Montana Athletic Program's receipt of such notice.

This bond shall be in full force and effect from the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to, \_\_\_\_\_ inclusive.

I HAVE READ THIS CONTRACT. I UNDERSTAND THE TERMS CONTAINED IN IT, AND I UNDERSTAND THAT IT ESTABLISHES OBLIGATIONS THAT MAY BE ENFORCED BY LAW. I HEREBY SIGN THIS CONTRACT AND THEREBY AGREE TO BE BOUND BY ITS TERMS.

\_\_\_\_\_  
PRINCIPAL

\_\_\_\_\_  
AUTHORIZED SIGNATURE/TITLE OR CAPACITY

\_\_\_\_\_  
DATE SIGNED BY PRINCIPAL

\_\_\_\_\_  
SURETY

\_\_\_\_\_  
AUTHORIZED SIGNATURE/TITLE OR CAPACITY

\_\_\_\_\_  
DATED SIGNED BY SURETY

**MONTANA ATHLETIC PROGRAM**

301 So Park Ave, 4<sup>TH</sup> Floor  
PO Box 200513  
Helena MT 59620-0513  
Phone: (406) 841-2334 Fax: (406) 841-2309  
E-MAIL: [dlibsdeath@mt.gov](mailto:dlibsdeath@mt.gov)  
WEBSITE: <http://www.athleticboard.mt.gov>

**ATHLETE - MANAGER CONTRACT**

(Copies to be in triplicate: Program, Promoter/Manager, and Contestant)

Page 1 of 2

(The Athletic Program is providing this form of a contract for informational purposes only. The provision of this form does not constitute legal advice by the Program and the Program assumes no liability for providing this form. The Program urges all parties seek legal advice before drafting and entering into a contract.)

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Between \_\_\_\_\_ of \_\_\_\_\_, Promoter/Manager

and \_\_\_\_\_ Ring name \_\_\_\_\_

of \_\_\_\_\_, Athlete.

**1. REPRESENTATION:**

Athlete shall provide services exclusively to the Promoter/Manager in boxing, wrestling, kick boxing, or mixed martial arts contests, exhibitions or training exercises.

**2. PERIOD OF CONTRACT:**

This contract shall be in effect from \_\_\_\_\_ to \_\_\_\_\_ unless otherwise terminated by the written agreement of the parties or by operation of law.

**3. COMPENSATION:**

Promoter/Manager agrees to pay the Athlete \_\_\_\_\_ percent of all sums of money derived by him/her from any services that the Athlete may provide, after the deduction of expenses incurred by the Athlete. Promoter/Manager further agrees that the said percent of the monies to be paid to the Athlete shall in no year be less than \$\_\_\_\_\_.

**4. DUTIES OF PROMOTER/MANAGER:**

Promoter/Manager agrees to use his/her best efforts to secure boxing, kick boxing, wrestling, or mixed martial arts contests, exhibitions and training for Athlete.

**5. DUTIES OF ATHLETE:**

Athlete agrees to fulfill contracts entered into on his/her behalf by the Promoter/Manager during the term of this contract.

**6. EXCLUSIVITY OF SERVICE:**

Athlete agrees not to take part in any boxing, kick boxing, wrestling, or mixed martial arts contests, exhibitions, or training in any manner or place, except as directed by the manager, and shall not allow his/her name to be used in any commercial enterprise whatsoever, without first obtaining the Promoter/Manager's permission. The Athlete shall remain in good physical condition and shall appear at such times, as the Promoter/Manager shall direct.

**7. NON-ASSIGNABILITY:**

It is understood and agreed by and between the parties hereto that the services of the Athlete are extraordinary, exceptional and unique, and that this contract cannot be sold or assigned without the consent of the Athlete.

**8. ENFORCEMENT:**

Unless the triplicate of this contract is filed with, and approved by the Montana Athletic Program, neither party is responsible for the performance of its terms.

**ATHLETIC CONTESTANT CONTRACT**  
(Copies to be in triplicate: Program, Promoter/Manager, and Contestant)  
Page 2 of 2

_____	_____	_____
Athlete (print)	Signature	License #
_____	_____	_____
Manager (print)	Signature	License #

Notary Section

State of \_\_\_\_\_  
(County) of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_  
Month Day Year  
by name(s) of person(s) making statement \_\_\_\_\_

SEAL

\_\_\_\_\_  
(Signature of notarial officer)  
\_\_\_\_\_  
Title (and Rank)  
\_\_\_\_\_  
Residing at  
My commission expires \_\_\_\_\_

**MONTANA ATHLETIC PROGRAM**  
301 So Park Ave, 4<sup>TH</sup> Floor  
PO Box 200513  
Helena MT 59620-0513  
Phone: (406) 841-2334 Fax: (406) 841-2309  
E-MAIL: [dlibsdeath@mt.gov](mailto:dlibsdeath@mt.gov)  
WEBSITE: <http://www.athleticboard.mt.gov>

**EVENT CONTRACT**

(Copies to be in triplicate: Program, Promoter/Manager, and Contestant)

I, \_\_\_\_\_  
Contestant full name Contestant Social Security Number

Agree to box \_\_\_\_\_  
Opponent full name. If more than one match (e.g. elimination match) enter "as scheduled"

\_\_\_\_\_ rounds for the \_\_\_\_\_,  
Number of rounds Name of the event sponsor / promoter

At \_\_\_\_\_ Montana, on \_\_\_\_\_,  
City Month and Day Year

The \_\_\_\_\_  
Event Sponsor / promoter

Agrees to pay me \$ \_\_\_\_\_ or \_\_\_\_\_ % of receipts, after taxes.

Additional Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Failure to comply with the above contract without commission permission may be cause for suspension and fine to either or both parties.

\_\_\_\_\_  
Contestant or Manager representing contestant (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License #

\_\_\_\_\_  
Promoter

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License #

**MONTANA ATHLETIC PROGRAM**

301 So Park Ave, 4<sup>TH</sup> Floor  
PO Box 200513  
Helena MT 59620-0513  
Phone: (406) 841-2334 Fax: (406) 841-2309  
E-MAIL: [dlibsdeath@mt.gov](mailto:dlibsdeath@mt.gov)  
WEBSITE: <http://www.athleticboard.mt.gov>

**REPORT OF PHYSICAL EXAMINATION**  
(This page to be filled out by contestant)  
Page 1 of 4

NAME OF CONTESTANT \_\_\_\_\_ RING NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street or PO Box City/State Zip

PHONE NO \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HISTORY: Have you ever had any of the following?	Yes	No
Bleeding tendencies	_____	_____
Nosebleeds	_____	_____
Abnormally easy bruising or delayed clotting	_____	_____
Eyes-blurred vision, double vision	_____	_____
Eyes-tunnel vision, "blacking our whiting" out	_____	_____
Chronic or consistent headaches	_____	_____
Surgeries (recent and past)	_____	_____
Recovering from any recent illness or infection	_____	_____
Neck sprains or strains	_____	_____
Seizures or convulsions	_____	_____
Epilepsy	_____	_____
Diabetes	_____	_____
Asthma or difficulty breathing	_____	_____
Hernia	_____	_____
High blood pressure	_____	_____
Heart disease or condition	_____	_____
Persistent cough	_____	_____
Tuberculosis	_____	_____
Sickle cell disease	_____	_____
Kidney disease	_____	_____
Kidney, lung, testicle or eye removed	_____	_____
Mononucleosis	_____	_____
Hepatitis	_____	_____
Any body deformity that would promote injury	_____	_____
Any musculoskeletal abnormality that would promote injury	_____	_____
Open wounds on skin with oozing discharge	_____	_____
Do you wear contact lenses	_____	_____

**REPORT OF PHYSICAL EXAMINATION**  
(To be filled out by contestant)  
Page 2 of 4

(If you answered "yes" to any of the "Medical History questions above, please give an explanation below.

---

---

---

---

---

How many (KO) knockouts have you received \_\_\_\_\_

Date of your last knockout \_\_\_\_\_

Longest duration of unconsciousness \_\_\_\_\_

Length of time before resuming boxing after last knockout \_\_\_\_\_

Have you ever been knocked unconscious in other sports or in any other way \_\_\_\_\_

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare under penalty of perjury, that the foregoing history is true and correct; further, I realize that any misrepresentation in said history may result in disciplinary action.

\_\_\_\_\_  
Signature of Contestant

\_\_\_\_\_  
Date

**REPORT OF PHYSICAL EXAMINATION**  
(This page to be filled out by physician)  
Page 3 of 4

Name of Contestant \_\_\_\_\_

**General Appearance**

Height \_\_\_\_\_

Weight \_\_\_\_\_

Temperature \_\_\_\_\_

Disabling Scars \_\_\_\_\_

Ears \_\_\_\_\_

Mouth \_\_\_\_\_

Teeth \_\_\_\_\_

Tonsils \_\_\_\_\_

Neck \_\_\_\_\_

Nose \_\_\_\_\_

**Pulse**

Pulse at rest \_\_\_\_\_

Pulse after 100 hops \_\_\_\_\_

Pulse two (2) minutes later \_\_\_\_\_

Blood pressure at rest \_\_\_\_\_

Blood pressure after 100 hops \_\_\_\_\_

Blood pressure tow(2) minutes later \_\_\_\_\_

**Eyes**

Vision without glasses

Right \_\_\_\_\_ / \_\_\_\_\_ Left \_\_\_\_\_ / \_\_\_\_\_

Pupils equal

Yes \_\_\_ No \_\_\_

**Glands**

Enlarged

Yes \_\_\_ No \_\_\_

Goiter

Yes \_\_\_ No \_\_\_

**Heart**

Pulse rhythm

Regular \_\_\_\_\_ Irregular \_\_\_\_\_

Apical impluse

Heavy \_\_\_\_\_ Normal \_\_\_\_\_

Enlargement

Yes \_\_\_ No \_\_\_

Murmurs

Yes \_\_\_ No \_\_\_

**Lungs**

Rales

Yes \_\_\_ No \_\_\_

**Breasts**

Mass

Yes \_\_\_ No \_\_\_

Tenderness

Yes \_\_\_ No \_\_\_

Discharge

Yes \_\_\_ No \_\_\_

**Abdomen**

Enlargement of liver

Yes \_\_\_ No \_\_\_

Enlargement of Spleen

Yes \_\_\_ No \_\_\_

**Genitalia**

Discharge

Yes \_\_\_ No \_\_\_

Varicocele

Yes \_\_\_ No \_\_\_

**Reflexes**

Pupils \_\_\_\_\_

Knee jerks \_\_\_\_\_

Romberg \_\_\_\_\_

Babinski \_\_\_\_\_

**REPORT OF PHYSICAL EXAMINATION**  
(This page to be filled out by physician)  
Page 4 of 4

**Hands**

Evidence of recent injury, fracture, swelling, or other \_\_\_\_\_

**Serology**

HIV - the original lab report must be submitted with this report

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have examined the above named contestant.

I find the contestant's condition regarding participating as a professional boxer, wrestler, kick boxer, or mixed martial arts contestant as:

Satisfactory

Unsatisfactory

Physician's Name (print) \_\_\_\_\_

License Number \_\_\_\_\_

State or Jurisdiction where currently licensed and practicing \_\_\_\_\_

Physician's mailing address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

