



GENERIC TO ALL APPLICANTS:

Promoters, who wish to hold a combat sport contest in Western Australia, must hold a permit issued by the Combat Sports Commission. Applicants for a permit must:

- Complete and lodge the Application form not less than 42 days prior to the event
- Pay the prescribed permit fee
- Be aware of the financial costs involved with running a Promotion and be capable of meeting these costs
- Be familiar with the *Combat Sports Act 1987* and *Regulations 2004* concerning promoters and promotions
- Agree to abide by the decisions of the Western Australian Combat Sports Commission, and
- Complete and lodge Part 2 of the Promotion Permit Application form not less than 21 days prior to the event.

**Under s.53 of the Combat Sports Act it is an offence to provide false or misleading information.
Maximum penalty \$12,000.**

APPLICANT DETAILS: (Applicant must have obtained the age of 18 years to be eligible to apply):

FAMILY NAME:		GIVEN NAMES:	
ADDRESS:			POST CODE:
HOME PHONE:	MOBILE:	CURRENT REGISTRATION #: WA00	
EMAIL:			

PROMOTION DETAILS:

EVENT NAME:			
PROMOTION DATE:		VENUE & ADDRESS:	
TIME DOORS OPEN TO PUBLIC:		CONTEST START TIME:	
LICENSED MATCHMAKER'S NAME:		MATCHMAKER PHONE #:	

WEIGH IN DETAILS:

WEIGH-IN VENUE & ADDRESS:			POST CODE:
WEIGH-IN DATE:		WEIGH-IN TIME: (Strictly 2 hour limit)	

ENTERTAINMENT: Please specify any form of entertainment you intend to have at the promotion

<input type="checkbox"/> MUSICAL ENTERTAINMENT	<input type="checkbox"/> AUCTIONS	<input type="checkbox"/> DANCING	<input type="checkbox"/> OTHER - Please specify:

INSURANCE AND SECURITY:

WHAT TYPE OF INSURANCE DO YOU INTEND TO PROVIDE FOR CONTESTANTS AND OFFICIALS? Please specify policy type	
INSURANCE PROVIDER:	COVER AMOUNT \$

SECURITY DETAILS

COMPANY	# OF SECURITY PEOPLE ATTENDING EVENT	HOW WILL THEY BE IDENTIFIED? <input type="checkbox"/> SHIRTS <input type="checkbox"/> BADGES
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MEDICAL PRACTITIONER TO BE UTILISED:

MEDICAL PRACTITIONER'S NAME:	CONTACT NUMBER
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CONTEST AREA

OWNER OF THE CONTEST AREA TO BE UTILISED	
OWNER'S NAME	CONTACT NUMBER
DATE OF LAST STRUCTURAL CERTIFICATION BY ENGINEER:	



FINANCE DETAILS:

COSTING DETAILS			
EXPENSE ITEM		COST AUD\$	
Matchmaking		\$	
Purses		\$	
Advertising		\$	
Venue Hire		\$	
Medical Practitioner		\$	
Referee	\$ (Amount per person)	\$	(Total Amount)
Judge	\$ (Amount per person)	\$	(Total Amount)
Time Keeper	\$ (Amount per person)	\$	(Total Amount)
Tax (overseas contestants)		\$	
Airmiles and Accommodation		\$	
Security		\$	
Other:		\$	
TOTAL		\$	
PROPOSED SEATING PRICES			
EXPENSE ITEM		COST AUD\$	
Least expensive ticket price		\$	
Most expensive single ticket price		\$	

HEAD REFEREE:

NAME	CONTACT NUMBER	REGISTRATION	DATE CONTACTED
		R / J / T	/ /

PROPOSED CONTESTANTS:

NAME	PLACE OF REGISTRATION
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



PROMOTION LAYOUT: Please use the symbols in the key to show your proposed layout for the promotion.

KEY:

Contest area	Commission	Judge	Timekeeper	Master of Ceremonies	Blue corner	Red corner	Contest area stairs
Medical Practitioner	Stretcher & Oxygen	Emergency access	Security	Medical Room	Change room	Warm up area	



DUAL ROLES AT A PROMOTION:

I will be acting in the following capacities at this promotion.

PROMOTER ONLY PROMOTER & TRAINER

Point of Contact for Promoters who are acting in a dual role is: _____

I have read and understood the Dual Roles policy

SIGNED: _____ DATE: _____

DECLARATION:

Declaration - I declare that the information provided in this application is true and correct in every detail. I acknowledge under Section 53 of the Combat Sports Act, I must not include any false or misleading information and if I do, I am liable for a fine of up to \$12,000.

Permission to Disclose and Publish Personal Information - I give permission to the WA Combat Sports Commission to publish my personal registration details, contest records and medical details in the database of the Commission and I approve of the Commission disclosing such details to other regulatory bodies in Australia and elsewhere. The Combat Sports Commission reserves the right to film at all combat sport events for the purposes of ensuring compliance and assisting the industry to develop itself.

I have read and understood my requirement to provide sufficient financial and material resources to comply with the requirements imposed under the Act.

SIGNED: _____ DATE: _____

FEES

The promotion permit fee is the equivalent of the number of tickets to be sold.

Not more than 300	\$100.00
More than 300 but not more than 700	\$300.00
More than 700 but not more than 2500	\$600.00
More than 2500 but not more than 4500	\$1,000.00
More than 4500	\$2,500.00

PAYMENT DETAILS (the Commission's preferred method of payment is online through Bpoint):

CREDIT CARD PAYMENTS WEBSITE: <https://www.bpoint.com.au/payments/CombatSportsCommission> BILLER CODE: 1335652

If you do not have internet access, please provide you credit card details below:

VISA MASTERCARD

NAME ON CARD: _____ CARDHOLDER'S SIGNATURE: _____

CARD NUMBER: _____ EXPIRY DATE: _____ AMOUNT: \$ _____

ONLINE BANKING/DIRECT DEPOSIT Name: CSC Bank: **Commonwealth Bank** BSB: **066-040** ACC#: **16700105** Date: / /

IF PAYING BY ONLINE BANKING OR DIRECT DEPOSIT PLEASE INCLUDE YOUR LAST NAME AS THE PAYMENT DESCRIPTION.

CASH /CHEQUE PLEASE NOTE CASH CAN ONLY BE PAID AT DEPARTMENT OFFICES DURING BUSINESS HOURS.

Please ensure that you have attached/enclosed ALL the documents and fees relevant to your application and send to:

Executive Officer,
Combat Sports Commission
Department of Local Government, Sports and Cultural Industries
PO Box 8349, Perth Business Centre, WA, 6849
Phone: 08 6552 1604
Fax: 08 6551 9359
Email: combatsport@dlgsc.wa.gov.au
ABN: 85 243 853 379