Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-0186 www.dpor.virginia.gov



Boxing, Martial Arts, and Professional Wrestling Program **PROMOTER PAYOUT REPORT**

Page _____ of _____

1. Dat	e of Event				
2. Tim	nes of the Event -	Start Time:	Bell Time:		
3. Loc	ation of Event - City/County	/			
4. Eve	ent's Virginia License Numb	er			
5. Тур	be of Event 🗌 Boxin	ng 🗌 Wrestling			
Approval	Participant's Name	Virginia License Number	Stage Name	Amount Contracted to Pay	Participant Signature
	<u> </u>	To	tal Paid or Contracted to Pay fo	r Page 1	

Total Paid or Contracted to Pay for Page 2

Total Paid or Contracted to Pay for Page 3

Grand Total

Total Number of Participants

I certify all information and computation are correct.

Promoter's Signature: