**ACTIVE CANBERRA**

**ABN: 72 397 293 490**

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Surname) (Other Names)*

of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Address)*

Phone: Business **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Mobile **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

being a Combat Sport promoter registered with the New South Wales Combat Sports Authority, and having Registration Number ......................................... hereby apply for approval to promote or arrange a professional **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Combat Sport Discipline)*

contest at**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Venue)*

on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** with the first bout scheduled to commence at

*(Date)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**AM\* /PM\*.

*(Time)*

I enclose:

* Set of rules to be used to control the contest
* Evidence of Public Liability Insurance (minimum coverage of $10 million) for all persons attending or engaging/participating in the fight promotion, and Professional Indemnity Insurance (minimum coverage of $5 million) to cover the promoter/matchmaker and officials (timekeepers, judges and referees). If there is an employer/employee relationship established with the officials as defined under the *Workers’ Compensation Act 1951* (ACT) (<http://www.legislation.act.gov.au/a/1951-2/current/pdf/1951-2.pdf>)*,* a Workers’ Compensation Policy is required. I have discussed this with my insurance provider and confirm:

An employer/employee relationship exists and I have attached a copy of the Workers’

Compensation Policy; or

An employer/employee relationship does not exist

* List of the proposed contestants for each bout of the promotion and the registration details of the proposed accredited matchmaker, referee, judge(s), timekeeper and medical practitioner
* Cheque, money order or cash to cover the prescribed fee of $136.95 (including GST) payable to:

**ACT ECONOMIC DEVELOPMENT**

**PO Box 147 Civic Square ACT 2608**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Signed)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Date)*

**DETAILS OF PROMOTION**

1. PROPOSED MATCHMAKER **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Reg. No . **\_\_\_\_\_\_\_\_\_\_\_**

2**.** PROPOSED REFEREE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reg. No. \_\_\_\_\_\_\_\_\_\_\_

3. PROPOSED JUDGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reg. No. \_\_\_\_\_\_\_\_\_\_\_

4. PROPOSED JUDGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reg. No. \_\_\_\_\_\_\_\_\_\_\_

5. PROPOSED JUDGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reg. No. \_\_\_\_\_\_\_\_\_\_\_

6. PROPOSED TIMEKEEPER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reg. No. \_\_\_\_\_\_\_\_\_\_

7. PROPOSED MEDICAL PRACTITIONER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reg. No. \_\_\_\_\_\_\_\_\_\_

8. PROPOSED CONTESTANTS

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Reg No. **\_\_\_\_\_\_\_\_**) Vs **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Reg No. **\_\_\_\_\_\_\_\_**)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Reg No. **\_\_\_\_\_\_\_\_**) Vs **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Reg No. **\_\_\_\_\_\_\_\_**)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Reg No. **\_\_\_\_\_\_\_\_**) Vs **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Reg No. **\_\_\_\_\_\_\_\_**)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Reg No. **\_\_\_\_\_\_\_\_**) Vs **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Reg No. **\_\_\_\_\_\_\_\_**)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Reg No. **\_\_\_\_\_\_\_\_**) Vs **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Reg No. **\_\_\_\_\_\_\_\_**)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Reg No. **\_\_\_\_\_\_\_\_**) Vs **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Reg No. **\_\_\_\_\_\_\_\_**)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Reg No. **\_\_\_\_\_\_\_\_**) Vs **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Reg No. **\_\_\_\_\_\_\_\_**)

**IT IS AN OFFENCE UNDER THE *BOXING CONTROL ACT 1993* TO PROMOTE OR ARRANGE A CONTEST UNLESS APPROVAL HAS BEEN ATTAINED. THE ACT ALSO PROVIDES THAT ALL CONTESTS MUST BE CONDUCTED ACCORDING TO THE ATTACHED "CODE OF PRACTICE FOR THE CONDUCT OF BOXING CONTESTS IN THE AUSTRALIAN CAPITAL TERRITORY".**

If this application is approved it is the responsibility of the promoter to advise Active Canberra of the times and venues of weigh-ins. An officer of the ACT Government must be invited to attend all weigh-ins.

Any approval given as a result of this application is given on the basis of the information provided in the application, and it is the obligation of the applicant to notify Active Canberra of any changes to that information.

Information on this form is personal information and will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Freedom of Information Act 1989*. The ACT Government is not liable for any damages, injuries or personal misfortune resulting from publication or use of the above identified information.

FOR OFFICE USE ONLY

Application Number **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** App'n fee rec'd **........../......../.........**

Clearance with NSWCSA **.........../........../...............** Receipt No **..............................**

Officer **....................................................................**

**RECOMMENDED / NOT RECOMMENDED ........................./......../.........**

Signature: ……………………………………………… Date: …………………………………

**ACTIVE CANBERRA:**

**PO Box 147, CIVIC SQUARE |ACT| 2601**

**Phone: (02) 6207 2073**