SD EForm - 2377 V1 Complete and use the button at the end to print for mailing. HELP

south dakota department of labor and regulation

# South Dakota Athletic Commission

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## Notice of Contest

Instructions:

1) A completed Notification of Contest must be submitted at least five business days before the approved competition.
2) Proof of health insurance and death benefits for each contestant must accompany this Notification of Contest.
3) No changes may be made to approved bouts without the written approval of the Athletic Commission.

| Promoter | | | Competition Registration # | |
|---|---|---|---|---|
| Competition Location | Address | City | State | Zip Code |
| | | | SD | |
| Weigh-In Location | Address | City | State | Zip Code |
| | | | SD | |
| Competition Date | Competition Time | Weigh-In Date | Weigh-In Time | |
| | | | | |

## CONTESTANTS

**RED CORNER**

| Name | State | Weight | Rounds |
|---|---|---|---|
| | | | |
| Name | State | Weight | Rounds |
| Name | State | Weight | Rounds |
| Name | State | Weight | Rounds |
| Name | State | Weight | Rounds |
| Name | State | Weight | Rounds |
| Name | State | Weight | Rounds |
| Name | State | Weight | Rounds |
| Name | State | Weight | Rounds |
| Name | State | Weight | Rounds |
| Name | State | Weight | Rounds |
| Name | State | Weight | Rounds |

**BLUE CORNER**

| Name | State | Weight |
|---|---|---|
| | | |
| Name | State | Weight |
| Name | State | Weight |
| Name | State | Weight |
| Name | State | Weight |
| Name | State | Weight |
| Name | State | Weight |
| Name | State | Weight |
| Name | State | Weight |
| Name | State | Weight |
| Name | State | Weight |
| Name | State | Weight |

Submitted by: _____ Date: _____
Promoter/Promoter License #

### Commission Action

_____ Bouts Approved _____ Bouts Denied _____ Bout Modification(s) Required (*as noted above*) _____ By South Dakota Athletic Commission

PRINT FOR MAILING CLEAR FORM