



# BIKMA EVENT SANCTION APPLICATION FORM

PROMOTERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_

BIKMA LICENCE NO: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

ARE YOU LOOKING TO STAGE A TITLE?

AREA  NATIONAL  EUROPEAN  WORLD

VENUE: \_\_\_\_\_

START TIME: \_\_\_\_\_

MEDICAL COVER

DETAILS: \_\_\_\_\_  
\_\_\_\_\_

SECURITY

DETAILS: \_\_\_\_\_  
\_\_\_\_\_

WILL IT BE ON MATS  RING  CAGE

Officials Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I the promoter ..... agree to follow all health and safety regulations as required by BIKMA and the venue. I understand that all competitors must have a current licence and insurance. All officials must be fully qualified and insured. The correct medical cover must be in place throughout the event. I understand that if any of the rules or regulations are not followed the event sanction will be withdrawn and the insurance cover will become invalid and all fees paid forfeited.

Promoters Name: ..... Date: .....