



ISKA IRELAND KICKBOXING EVENT PROMOTER APPLICATION FORM

Event & Promoter Details

Event Title: _____

Promoters Name / Affiliated Club: _____

Contact Person & Role: _____

Address: _____

Phone: _____ Email: _____

Required Event Date: _____

Venue Name & Location: _____

Expected Attendance: _____

Venue & Facilities

Venue Capacity: _____

Layout Type (Ring, Tatami, etc): _____

Ring/Tatami Setup: _____

Have you Submitted a full event plan to local council? (please circle) **Y / N**

Have you submitted a fire risk assessment plan? (please circle) **Y / N**

First Aid arrangements: _____

Will there be a licensed bar at your event? (please circle) **Y / N**

Entertainment License: _____

Insurance & Financial Guarantees

Event Insurance: _____

Provider: _____

Policy Number: _____

Coverage Details (eg. public liability) _____

Do you have a certificate as proof of fiscal liability? (please circle) **Y / N**

Security & Safety

Do you have a security plan? (please circle) **Y / N**

Number of Personnel working at event _____

Crowd Control Measures: _____

Medical Provision: _____

On Site Medical staff: _____

Referee: _____

Doctor for pre fight medical weigh-ins: _____

ISKA Ireland Rules stress that promoters must ensure proper medical coverage
& examinations pre & post fight

ISKA Compliance

Fighter Eligibility & Documentation

I confirm that all fighters will hold valid ISKA Sport Books, licenses, and "Fit to Fight" medical stamps (within 12 months) as required by ISKA:

ISKA Certified Referee: _____

Head Judge: _____

Judge 2: _____

Judge 3: _____

Will an ISKA Supervisor or Area/Ring Supervisor be present? (please circle) **Y / N**

Ring Supervisor name: _____

Weigh Ins Schedule

Day: _____ Time: _____

I confirm that all weigh in will comply with ISKA rules and regulations:

Signed: _____

I confirm that the ring or tatami area I am using will comply with all official ISKA Ireland standards:

Signed: _____

Events Schedule

Pre fight medicals: _____

Cut Team: _____

Professional Hand Wrap: _____

Head Guards: _____

In-house boxing gloves: _____

Declarations & Signatures

Promoter's declaration of compliance with ISKA rules and regulations

Signature: _____ Date: _____

ISKA Representative

Signature: _____ Date: _____

