



**STATE OF MISSISSIPPI
ATHLETIC COMMISSION**

Event Fee Report

Promoter _____

Type of Event (Boxing, Wrestling, Etc.) _____

Date of Event _____

Location _____

Address _____

Telephone _____ **FAX** _____

Email _____

Ticket prices _____ **Attendance** _____

Total gate sales _____ **Value of Comp tickets** _____

Total value (Sales plus comp. ticket value) _____

Amount due to commission, 6% of Total Value _____

Signed

Promoter/Director _____ **Date** _____

Commissioner _____ **Date** _____