



**STATE OF MISSISSIPPI  
ATHLETIC COMMISSION**

P.O. BOX 720820 \* BYRAM, MS 39272  
601-373-9361 FAX 601-373-9467 Email Msboxing@aol.com

**TOUGHMAN CONTEST PROMOTERS EVENT PERMIT**

PROMOTER \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

EVENT DATE \_\_\_\_\_ TIME \_\_\_\_\_

LOCATION \_\_\_\_\_

CONTESTANTS \$ 25 X No. of Contestants \_\_\_\_\_ = \_\_\_\_\_

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**PERMIT WILL NOT BE GRANTED UNTIL APPLICATION IS FILED AND APPROVED BY THE COMMISSION. PERMIT FEE OF \$25 MUST BE INCLUDED FOR EACH CONTESTANT. PERMIT MUST BE SUBMITTED 30 DAYS PRIOR TO EVENT. IT IS RECOMMENDED THAT YOU SUBMITT YOUR APPLICATION AS EARLY AS POSSIBLE.**

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PROMOTER SIGNATURE

\_\_\_\_\_  
COMMISSIONER