



WEST VIRGINIA STATE ATHLETIC COMMISSION

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Application for Title Fights

Please type or Print. ALL INFORMATION IS REQUIRED!

Date: _____

Promoter: _____ Matchmaker: _____

Date of Contest: _____ Venue : _____

Do you have contracts or arrangements made with contestants? Yes No

Is this a West Virginia State Title? Yes No
If "NO" do you have confirmation from the sanctioning body? Yes No

Title to be Contested:		Box		MMA		Rounds
		Pro	Am	Pro	Am	
Current title holder:		Sanctioning body:				
Name	Weight	Name			Weight	
Title to be Contested:		Box		MMA		Rounds
		Pro	Am	Pro	Am	
Current title holder:		Sanctioning body:				
Name	Weight	Name			Weight	
Title to be Contested:		Box		MMA		Rounds
		Pro	Am	Pro	Am	
Current title holder:		Sanctioning body:				
Name	Weight	Name			Weight	

NOTICE: Complete additional form if more than 3 Title Bouts are scheduled.

RETURN TO: WV Athletic Commission, 900 Pennsylvania Ave, Suite 623, Charleston, WV 25302
Fax: 304-558-1428 E-mail: WVAthleticCommission@wv.gov

FOR OFFICE USE ONLY

Permit # _____ Issued By _____ Date _____