



ADDITIONS/SUBSTITUTIONS/DELETIONS TO PROPOSED WRESTLING BOUT CARD

This information may be filed with the Department any time up to the day of the event. The Department has the right to approve or disapprove any and/or all of the proposed bouts. No bout shall be advertised until the Department has approved the event AND the pairing of the contestants for the bout(s) to be advertised.

Promoter Name: _____ Event Date: _____ Location: _____

Type	Bout	Contestant's Legal Name	Ring Name	Virginia License No.	Date of Birth	Male/Female
<input type="radio"/> Addition <input type="radio"/> Substitution <input type="radio"/> Deletion	1.					
<input type="radio"/> Addition <input type="radio"/> Substitution <input type="radio"/> Deletion	2.					
<input type="radio"/> Addition <input type="radio"/> Substitution <input type="radio"/> Deletion	3.					
<input type="radio"/> Addition <input type="radio"/> Substitution <input type="radio"/> Deletion	4.					
<input type="radio"/> Addition <input type="radio"/> Substitution <input type="radio"/> Deletion	5.					
<input type="radio"/> Addition <input type="radio"/> Substitution <input type="radio"/> Deletion	6.					
<input type="radio"/> Addition <input type="radio"/> Substitution <input type="radio"/> Deletion	7.					
<input type="radio"/> Addition <input type="radio"/> Substitution <input type="radio"/> Deletion	8.					
<input type="radio"/> Addition <input type="radio"/> Substitution <input type="radio"/> Deletion	9.					
<input type="radio"/> Addition <input type="radio"/> Substitution <input type="radio"/> Deletion	10.					



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The Matchmaker, hereby certifies that the proposed bouts are to the best of my ability and knowledge, true competitive bouts based upon weight, skill level, experience and style or discipline. I understand that making a false statement or omitting facts may subject a contestant to injury or death and it may cause for suspension or revocation of my license. I also understand that continually submitting poor pairings and or not closely monitoring the submission of pairings, or not turning in required pairing records in a timely manner may be cause for suspension or revocation of my license and will more than likely cause the bout(s) to be disapproved.

MATCHMAKER'S REPRESENTATIVE SIGNATURE: (Additional signatures may be added to the back on this sheet if necessary.)

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

The Promoter, hereby certifies that each match shall be conducted under the supervision of a referee who shall be currently licensed as a wrestler and who shall be responsible for the safety of the participants and spectators.

PROMOTER'S REPRESENTATIVE SIGNATURE:

Print Name _____ Signature _____ Date _____