COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
2601 NORTH 3rd STREET
HARRISBURG, PA. 17110
717-787-5720

BROADCAST AND TELEVISION
ADDITIONAL LICENSE FEE REPORT

Type of Event: Boxing__________ Kick Boxing_____ MMA__________

Date of Event: ___________________________________________________

Name of Promoter: ___________________________________________________

Name of Station: ___________________________________________________
Radio     Television

BROADCAST AND TELEVISION

Between: _________________________  and  ______________________
Radio or Television   Promoter’s Name

Amount of Compensation: $__________ x _________% = _____________________

Broadcast Fees = 5% on the first $60,000
3% on the next $100,000
2% on the next %100,000
1% on any amount over $260,000

*Copy of the Contract must be attached to this Form.

**All checks or money orders must be made payable to the Commonwealth of PA, and sent to the PA State Athletic Commission, 2601 North 3rd Street, Harrisburg PA 17110.

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Signature of Promoter