



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
2601 NORTH 3RD STREET
HARRISBURG, PA 17110

Telephone: (717) 787-5720
Fax: (717) 783-0824

Pro Wrestling REQUEST FORM

(Please PRINT clearly)

Name/Address/Telephone Number of the Promoter of Event:

Promoter's License #= _____

Location of Event: (Give exact location)

Start Time and Date of the Event: _____

Name of Physician (MD or DO) that will be at ringside= _____

Signature of Promoter

Date

**This form MUST be returned to the Commission office no later than (10) days before the event. No pro wrestling event will be permitted unless this form is on file and approved by this Commission.

Fax- 717-783-0824

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