



# REQUIRED DISCLOSURES BY A BOXING PROMOTER

Indiana State Athletic Commission

Indiana Gaming Commission  
Attn: Indiana State Athletic Commission  
101 W. Washington Street  
East Tower, Suite 1600  
Indianapolis, Indiana 46204

Disclosures of the information requested on this form are required by the Muhammad Ali Boxing Act.

## GENERAL INFORMATION

Name of Boxing Promoter	License Number of Boxing Promoter
Professional Boxing Event Location	Professional Boxing Event Date

## DISCLOSURE OF FEES AND COSTS CHARGED TO PROFESSIONAL BOXERS

As the boxing promoter of the above professional boxing event I hereby affirm that the following has been provided to the Indiana State Athletic Commission:

A copy of any and all agreements in writing that I as the boxing promoter have with any professional boxer participating in the professional boxing event, and that there are no other agreements, written or oral between myself or the professional boxer with respect to the above named professional boxing event. This shall include any reduction in a professional boxer's purse that is contrary to any previous agreement between the professional boxer and myself.

As the boxing promoter of the above professional boxing event I also hereby affirm that the following represents all charges, fees and expenses that I will assess, including any training expenses, on the following professional boxers and any portion of the professional boxers purse that I will receive:

NAME OF PROFESSIONAL BOXER	ALL COSTS THAT WILL BE ASSESSED TO THIS PROFESSIONAL BOXER	PROMOTER'S SHARE OF THIS PURSE
1.)		
2.)		
3.)		
4.)		
5.)		
6.)		
7.)		
8.)		
9.)		
10.)		
11.)		
12.)		
13.)		
14.)		
15.)		
16.)		
17.)		
18.)		
19.)		
20.)		

**DISCLOSURE OF PAYMENTS, BENEFITS, COMPLIMENTARY BENEFITS, AND FEES  
PROVIDED TO A SANCTIONING ORGANIZATION**

(This section is only to be completed for a title bout)

I also hereby affirm that the following monies represent all payments, gifts, or benefits that I as the boxing promoter am providing to any sanctioning organization affiliated with the above named professional boxing event.

Name of Sanctioning Organization

**AMOUNT OF PAYMENT AND/OR TYPE OF GIFT OR BENEFIT THAT WAS PROVIDED**

1.)

2.)

3.)

4.)

5.)

6.)

**AFFIRMATION**

The undersigned hereby affirms that the statements made herein are true and correct to the best of my information, knowledge and belief and are made subject to the penalties prescribed for perjury.

Signature of Boxing Promoter

Date