WASHINGTON STATE DEPARTMENT OF LICENSING Promot Professional Sports Pa	er and Combative
Submit online: https://professions.dol.wa.gov	
Or mail or email this completed form to:	
Combative Sports Program Department of Licensing PO Box 9026 Olympia, WA 98507	11 11 11 11 11 11 11 11 11 11 11 11 11
email: dolcombativesports@dol.wa.gov	
For questions or language help call: (360) 664-6644	
This contract between	, promoter,
and Last name, first name, middle initial	, participant,
agree to and with each other, to the following:	
Participants shall appear and enter into a contest at	Facility name
located in, Was	shington, at a weight not to exceed pounds,
City day of	against
Day Month	,against
Opponent last name, first name, middle initial	
from,,, _,, _	, who shall be the opponent and shall appear at a
	agreed, the contest shall consist of rounds and the
-	shall be in the amount of \$,
which may include payments for expenses as follows	5:
□ Travel in the amount of	
$\Box$ Meals in the amount of	
$\Box$ Hotel in the amount of	
Other for in t	the amount of \$

	X			
PRINT or TYPE Name of promoter	Signature of promoter X	City	State	Date
<b>PRINT or TYPE</b> Name of participant	Signature of participant	City	State	Date
PRINT or TYPE Name of manager	Signature of manager	City	State	Date