MANITOBA COMBATIVE SPORTS COMMISSION

427-145 Pacific Ave Winnipeg, MB R3B 2Z6 Tel. (431) 877-MCSC (6272) email: info@mbcombativesports.com



MATCHMAKER CONTESTANT CERTIFICATION

I,		the Matchmaker for	the	, scheduled
	Print Name		Event Nam	e
for _		and to be held at		by certify that the
	Date of Event	Ver	ue for Event	

contestants proposed for the contests at this event 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 cause harm to a contestant including significant injury, disability or death. Should it be determined by the Commission that any such falsehoods or omissions exist it would be cause for immediate suspension or revocation of my license.

In addition, as a licensed Matchmaker, I understand that my submission of contestants for events will be continually evaluated and, submitting poor matchups and or not closely monitoring the submission of matches, or not turning in required records in a timely manner may be cause for immediate suspension or revocation of my license and will result in bout(s) not being accepted or approved.

I have attached the professional and where possible, amateur competitive records for each of the contestants proposed for this event.

Matchmaker Name: _____ Date: _____

Matchmaker Signature: _____

I, ______ the Promoter, hereby certify that the proposed bouts are, to Print Name

the best of my ability and knowledge, or that of the matchmaker whom I have employed for this event, true competitive bouts based upon weight, skill level, experience and style or discipline.

In the event that, as Promoter I am also acting in the capacity of Matchmaker, I certify that the information provided above is true and accurate and as such, I am subject to the same standard of expectations as the Matchmaker.

Promoter Name:	Date:

Promoter Signature: _____