

BRAZILLIAN JU-JITSU / GRAPPLING EVENT APPLICATION



Event Information

Promoter's Name

Event Name

Promoter's Phone

Promoter's email

Date of proposed event

City / Region

Venue Name

Venue Contact

Venue Phone

Venue Address

Competiton

Style of Competition

Event Type

Audience

Estimated number of competitors

Ages of Competitors (click all that apply)

< 10

10-17

18-35

> 35

Coverage

Liability Coverage

On-Site Medical Team (click all that apply) * = must be licensed in BC

Physician *

Primary Care Paramedic (PCP) *

First Aid

Emergency Medical Responder (EMR) *

Officials Training

Rule set(s)
(include links)

Declaration

With my signature below, I certify that the information provided on this application is true to the best of my knowledge and belief. I understand that the Commissioner or his or her delegate will review and may contact other parties to confirm the information provided. I understand that any false or inaccurate statements contained in this application for approval or failure to disclose may be deemed sufficient cause for rejection of this application by the Commissioner or his or her delegate.

Promoter
Signature

Date

Commission
Signature

Date

Approved

Not Approved