

BRAZILIAN 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

Please email completed form to athletic.commissioner@gov.bc.ca for review and approval