

BJJ / 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

Competition

Style of Competition

Event Type

Audience

Number of competitors

Number of Mats

Ages of Competitors (click all that apply)

< 10

10-17

18-35

> 35

Cash Prizes Awarded:

Yes

No

No. of Prizes:

Total Value:

Coverage

Liability Coverage

Officials Training

Number of On-Site Medical Team Members *must be licensed in BC

Physician *

Primary Care Paramedic (PCP) *

First Aid (level 3)

Emergency Medical Responder (EMR) *

Verified that medical team will have basic life support equipment

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