

# 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

## Competitor

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

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) \*

Officials Training

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

Date

Signature

Commission  
Signature

Date

Approved

Not Approved

Please email completed form to [athletic.commissioner@gov.bc.ca](mailto:athletic.commissioner@gov.bc.ca) for review and approval