



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
STATE ATHLETIC COMMISSION  
PO BOX 61975  
HARRISBURG, PA 17106

Ed Kunkle  
Executive Director

Telephone: (717) 787-5720  
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**Pro Wrestling REQUEST FORM**

(Please PRINT clearly)

Name/Address/Telephone Number of the Promoter of Event:

Promoter's License #=

Location of Event: (Give exact location)

Start Time and Date of the Event:

Name of Physician (MD or DO) that will be at ringside= \_\_\_\_\_

\_\_\_\_\_  
Signature of Promoter

\_\_\_\_\_  
Date

\*\*This form MUST be returned to the Commission office no later than (10) days before the event. No pro wrestling event will be permitted unless this form is on file and approved by this Commission.

Fax- 717-783-0824

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