



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DIVISION OF PROFESSIONAL REGULATION**  
**COMBATIVE SPORTS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov)

**COMBATIVE SPORTS CONTESTANT INFORMATION FORM**

**INSTRUCTIONS**

Provide your Application ID and the Business Name of the Promoter below. Complete the form and either:

- upload the form with your Application in DELPROS or
- select the Submit Additional Documentation option from the Options Menu of the Combative Sports Entertainment Event application on your DELPROS Dashboard.

Enter your Application ID: \_\_\_\_\_ Business Name of Promoter: \_\_\_\_\_

**APPLICANT INFORMATION**

1. Full Name: \_\_\_\_\_  
First Middle Last

List each contestant and alternate and provide the requested information. Make copies as needed.

<b>Stage Name</b>	<b>Actual</b> Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

<b>Stage Name</b>	<b>Actual</b> Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

<b>Stage Name</b>	<b>Actual</b> Last Name	First Name	Middle Initial
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Street Address			
City		State	Zip Code

**UPLOAD THIS DOCUMENT WITH YOUR APPLICATION IN DELPROS OR SUBMIT IT AS ADDITIONAL DOCUMENTATION FROM YOUR DELPROS DASHBOARD.**