



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
PO BOX 61975
HARRISBURG, PA. 17106
717-787-5720

BROADCAST AND TELEVISION
ADDITIONAL LICENSE FEE REPORT

Type of Event: Boxing_____ Kick Boxing_____ MMA_____

Date of Event: _____

Name of Promoter: _____

Name of Station: _____

Radio Television

BROADCAST AND TELEVISION

Between: _____ and _____
Radio or Television Promoter's Name

Amount of Compensation: \$ _____ x _____% = _____
Broadcast Fee

Broadcast Fees = 5% on the first \$60,000
 3% on the next \$100,000
 2% on the next %100,000
 1% on any amount over \$260,000

***Copy of the Contract must be attached to this Form.**

****All checks or money orders must be made payable to the Commonwealth of PA, and sent to the PA State Athletic Commission, 2525 North 7th Street, Harrisburg PA 17110.**

Signature of Promoter