



## Sanctioning Body Disclosure Form

Sanctioning Organization: \_\_\_\_\_

Sanctioning Organization Representative(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

Address: \_\_\_\_\_

Boxer(s) Name(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any and all fees, charges and costs that your sanctioning organization is assessing on any of the listed boxers participating in the match being held at the Mohegan Sun Arena.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list all benefits, complimentary benefits, and fees your organization is receiving or is promised to receive for your affiliation with the event from the promoter, host of the event, and all other sources. Please specify the benefit and the source of the benefit.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This information is being provided in accordance with U.S. Code 15 §6307d. I have provided the information to the Mohegan Tribal Department of Athletic Regulation and such information is truthful, to the best of my knowledge. I further understand that I am subject to a fine for providing false or misleading information to the Mohegan Tribal Department of Athletic Regulation in accordance with their Rules and Regulations.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Signature of Representative of Sanctioning Organization

\_\_\_\_\_  
 Print Name