

PROFESSIONAL CONTESTANTS PAYROLL SHEET

PASCUA YAQUI TRIBE
ATHLETIC COMMISSION

7777 S. CAMINO HUIVISIM. BLDG. C
TUCSON, ARIZONA 85757

PHONE: (520) 883-5114
FAX (520) 883-5084

Date of Event:

Location:

Promoter:

Matchmaker:

PAY for BOUT

Name:

Name:

Purse:

Purse:

Travel:

Travel:

Meals:

Meals:

Other:

Other:

Total Purse: \$ _____

Total Purse: \$ _____

DEDUCTIONS

Travel:

Travel:

Manager:

Manager:

Medicals:

Medicals:

Misc:

Misc:

Total Deductions: \$ _____

Total Deductions: \$ _____

Net Pay = \$ _____

Net Pay = \$ _____

Fighter Signature: _____

Fighter Signature: _____

Method of Payment: _____

Method of Payment: _____

(Cash, check, cashier's check, etc)

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This form must be filled out and signed by each contestant when they receive payment. **It is the promoter's responsibility to complete and return this form to the PY Athletic Commission.** The form must be returned to the Athletic Commission the night of the scheduled event. Future promotional events may be affected if the form is not returned.