

WEIGH-IN LOCATION REQUEST FORM		DATE:
NAME OF PROMOTER:	NAME OF PROMOTION:	
NAME OF VENUE:		
ADDRESS OF VENUE:		
WEIGH-IN START TIME:	WEIGH-IN END TIME	
CIRCLE:	CIRCLE:	
AM OR PM	AM OR PM	

FOR DIVISION USE ONLY	
APPROVED:	REASON REQUEST DENIED:
☐ YES ☐ NO	