

FIGHTER SUSPENSION

Date of Event: ____/____/____ Name of Event: _____ Promoter: _____

Fighter's Full Name: _____ Location: _____

TO BE COMPLETED BY TBA-SA REPRESENTATIVE

The above named fighter has received a suspension of 30 days 45 days 60 days Other: _____

This suspension is issued due to: TKO KO Ring Behavior Other: _____

Suspension expires on: ____/____/____ .

This suspension will be posted on the TBA-SA website and filed with the state's Athletic Commission, if required.

This suspension was issued by: _____
Signature of TBA-SA Representative *Printed Name of TBA-SA Representative*

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