

# MIXED MARTIAL ARTS BOUT RESULTS

\*not for use with other combat sports  
(boxing, kickboxing, grappling, etc)

**\* Information circled in red is required**

Tennessee Athletic Commission			
Davy Crockett Tower	Nashville	TN	37243
P: 615	741	1741	F: <input type="text"/> <input type="text"/> <input type="text"/> Roxana.Gumucio@tn.gov
<b>EXECUTIVE DIRECTOR:</b> Roxana Gumucio			
<b>SUPPORTING OFFICIALS:</b>			
NAME:	TRAVIS HISEL	TITLE:	Inspector
NAME:	PETER GERTEL	TITLE:	Inspector
NAME:	<input type="text"/>	TITLE:	<input type="text"/>
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NAME:	<input type="text"/>	TITLE:	<input type="text"/>

<b>CITY :</b>	Knoxville	<b>DATE:</b>	03/27/2026
<b>STATE/PROVINCE :</b>	Tennessee	<b>VENUE :</b>	Cotton Eyed Joe's
<b>EVENT NAME :</b>	ARIES 34	<b>PROMOTER :</b>	Tim Loy
<b>JUDGE(s):</b>	1. ANTHONY MANNIS	2. JENNIFER MANNIS	3. BRENT MCKENNAN
	4. TRAVIS LAWRENCE	5. <input type="text"/>	6. <input type="text"/>
<b>REFEREE(s):</b>	1. TRAVIS LAWRENCE	2. BRENT MCKENNAN	3. <input type="text"/>
	4. <input type="text"/>	5. <input type="text"/>	
<b>RINGSIDE DOCTOR(s):</b>	1. NATHAN ELLJOT	2. <input type="text"/>	3. <input type="text"/>
<b>ANNOUNCER:</b>	LANCE GREEN		
<b>TIMEKEEPER:</b>	PENNY CHENOWETH		
<b>MATCHMAKER:</b>	<input type="text"/>		

BOUT #	RDS.	STATUS	FIGHTER NAME	MMA ID AND/OR DOB	WEIGHT	WINNER	RD.	TIME	METHOD	SUSPENSIONS
1	3	<input checked="" type="radio"/> Pro	JOHNATHAN WAID	052497 05 24 1997	154.5	<input type="radio"/>			REF: TRAVIS LAWRENCE UNANIMOUS DECISION BRENT MCKENNAN 28-29 JENNIFER MANNIS 28-29 ANTHONY MANNIS 28-29	<input type="text"/>
		<input type="radio"/> Am	BILLY JACK CUPP	052197 05 21 1997	155.3	<input checked="" type="radio"/>				<input type="text"/>
2	3	<input checked="" type="radio"/> Pro	ALEX RIGGS	090391 09 03 1991	143.5	<input type="radio"/>	3	4.42	REF: BRENT MCKENNAN SUBMISSION - RNC	30
		<input type="radio"/> Am	KESTIN MCCLAIN	082200 08 22 2000	146.0	<input checked="" type="radio"/>				21 DAY NO CONTACT BY DR.
		<input checked="" type="radio"/> Pro	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>				<input type="text"/>
		<input type="radio"/> Am	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>				<input type="text"/>
		<input checked="" type="radio"/> Pro	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>				<input type="text"/>
		<input type="radio"/> Am	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>				<input type="text"/>