



RODEO CRISIS FUND APPLICATION

Name: _____

Member Association: _____ Member's IGRA Number: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Social Security Number (U.S.): _____

Social Security/Insurance # (Canada): _____

E-mail Address: _____

Insured: YES NO

Name as it appears on Insurance Card:

First: _____ Middle Initial: _____ Last: _____

Name of Insurance Company: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Office Phone: _____

Insurance Deductible: \$ _____

Gender: Male Female

IGRA RODEO CRISIS FUND GUIDELINES

Applicant must be in good standing with a Member Association of the International Gay Rodeo Association (IGRA).

Maximum amount available is \$500.00. Assistance awards are based on out-of-pocket emergency costs up to a maximum of \$500.00.

The Executive Committee will review and approve all applications. The President will appoint an ad-hoc committee member to manage the fund-raising aspects of the fund.

The applicant must complete the rodeo injury form (available online), mail the original and one copy of receipts showing emergency medical care to:

IGRA Administrative Assistant
20140 E Maplewood Ln
Centennial CO 80016

The Administrative Assistant will send copies to the Executive Committee and Committee Chair. Applications will be considered at the next regularly scheduled Executive Committee meeting. Members who submitted applications will be notified of the decision via E-mail following the meeting of the Executive Committee.

The Treasurer will send a support check, if applicable, within 2 weeks of the decision.