



**ARENA CREW COORDNATOR  
CERTIFICATION/RE-CERTIFICATION REQUEST FORM**

Certification: Complete sections 1 and 2

Re-certification: Complete sections 1 and 3

E-mail or mail completed form to:

Guy Puglisi  
E-Mail: lvguyp@aol.com  
Mail: 6925 Willow Warbler St  
N Las Vegas NV 89084

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**SECTION 1**

I certify I have met all requirements and request:

- Certification as an IGRA Arena Crew Coordinator
- Re-certification as an IGRA Arena Crew Coordinator

\_\_\_\_\_

Signature Date

=====

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip/Postal Code: \_\_\_\_\_

E-Mail: (Hm) \_\_\_\_\_

Phone: (Hm) (    )    –                      (Cell) (    )    –

(show an \* by preferred number to call)

IGRA Member Association: \_\_\_\_\_



**SECTION 2 – ARENA CREW COORDINATOR CERTIFICATION**

**I have met all requirements for Arena Crew Coordinator Certification as follows:**

Worked as arena crew volunteer for a minimum of three (3) IGRA-sanctioned rodeos:

Rodeos & Dates: \_\_\_\_\_  
\_\_\_\_\_

Worked as Assistant Arena Coordinator for a minimum of three (3) IGRA-sanctioned rodeos:

Rodeos & Dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Worked as Assistant Arena Director for a minimum of one (1) IGRA-sanctioned rodeo:

Rodeo & Date: \_\_\_\_\_

**Committee Recommends [    ]**

**Committee Does Not Recommend [    ]**

Committee Chairperson Printed Name

Committee Chairperson Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date



**SECTION 3 – ARENA CREW COORDINATOR RE-CERTIFICATION**

**I have met all requirements for Arena Crew Coordinator Re-Certification as follows:**

Worked at least one (1) IGRA-sanctioned rodeo, other than the IGRA Finals Rodeo, as:

Arena Director  
Rodeo Name/Date \_\_\_\_\_

**OR**

Assistant Arena Director  
Rodeo Name/Date \_\_\_\_\_

**OR**

Arena Crew Coordinator  
Rodeo Name/Date \_\_\_\_\_

**OR**

Assistant Arena Crew Coordinator  
Rodeo Name/Date \_\_\_\_\_

**Committee Recommends**

**Committee Does Not Recommend**

\_\_\_\_\_  
Committee Chairperson Printed Name

\_\_\_\_\_  
Committee Chairperson Signature

\_\_\_\_\_  
Date