CERTIFICATION PROGRAM ENROLLMENT REQUEST FORM

Name: _____

Address: _____

City/State/Zip/Postal Code: _____

E–Mail: _____

Phone: (Hm) ( ) – Cell ( ) –
(show an * by preferred number to call)

IGRA Member Association: _____

I request official enrollment in the certification program as indicated below:

[ ] Arena Director [ ] Chute Coordinator [ ] Judge

[ ] Arena Crew Coordinator [ ] Secretary [ ] Scorekeeper

[ ] Auditor

_____ _____
SIGNATURE DATE

_____ _____
RODEO OFFICIALS CHAIRPERSON'S SIGNATURE DATE

Return completed form to Rodeo Officials' Committee (ROC) Chairperson

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