



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

Bruce Roby
E-Mail: bruce_robby@hotmail.com
Postal Mail: 2055 Dalis Drive
Concord, CA 9450