2017 IGRA RODEO REVIEW FORM

Please use blue or black ink. Do not use colored ink, crayons, or Sharpies®.

NAME of RODEO_____

NAME of EVENT _____

GO–ROUND #1 ____ #2____ DATE:_____ TIME:_____

Step 1. Review is hereby requested by:
Contestant Name: _____ Rodeo Number: _____

Name of certified official(s) involved:
1. _____ 2. _____

List Rodeo Rule # _____ (e.g. Rodeo Rule XIII.4.B)

Review requested on contestant: _____ Rodeo Number: _____

Write a brief comment on the official(s) decision in question.

_____

_____

_____

********** **Below is for Rodeo Review Trustee to complete** **********

Step 2. Trustee documents official(s) response here.
_____ Decision stands
_____ Offered time/score recorded
_____ Offered maximum time or reride option

Step 3. Trustee communicates the official(s) response to the contestant. Check if:
_____ Contestant accepts
_____ Contestant challenges

Step 4 (if needed). If contestant challenges, a Trustees' meeting will be called to review and find resolution. Trustees' resolution:
_____ Official(s) decision stands
_____ Recorded time/score stands
_____ Maximum time/reride option extended

_____ _____ _____
Trustee's Printed Name Signature Date