

2024 CCRA RODEO APPROVAL FORM

Mailing Address: BOX 1031 CARDSTON, AB T0K0K0
Phone: 403-875-3242 Email: info@canadaseniorrodeo.com

RODEO(s) :	DATE(s) :					
EVENTS / ADDED MONEY	Added Money is Optional for 2024	Added Money is Optional for 2024				
Ladies Barrel Racing 40-49						
Ladies Barrel Racing 50-59		Team Roping 40-59				
Ladies Barrel Racing 60+		Team Roping 60+				
Ladies Barrel Racing 68+		Ribbon Roping 40-49				
Tie Down Roping 40-49		Ribbon Roping 50-59				
Tie Down Roping 50-59		Ribbon Roping 60+				
Tie Down Roping 60+		Steer Wrestling				
Tie Down Roping 68+		Bull Riding				
Men's Breakaway Roping 40-64		Saddle Bronc				
Men's Breakaway Roping 65+		Bareback				
Ladies Breakaway Roping		TOTAL	\$			
Order of Events:						
Order of Events:						
Timed Event Stock Contractor:						
Roughstock Stock Contractor:						
Judges (2):						
Timers (2):						
Announcer:						
Plug Ins at Rodeo grounds:	Yes*	How many Cost	No			
Stalls at Rodeo grounds:	Yes*	How many Cost	No			
Self Penning Allowed:	Yes*	Cost	No			
* If yes, list contact info for booking						
Locals Allowed :	Yes	Which day(s)	No			

Committee Name (legal):					
Committee Contact:					
Phone & Email:					
Mailing Address:					
Committee Secretary:					
Phone & Email:					
Ship Rodeo Package to:	,				
All entries and callbacks will be done to paperwork (judge sheets, entry fee rec		_	e rodeo pack	rage with all requi	red rodeo
Location of Rodeo Grounds:					
Address & Legal Land Description:					
Special events to be held in					
conjunction with your rodeo:					
Medical Services Company:					
Contact & phone/email:					
Do you wish to charge the optional \$2	2/contestant/rodeo N	Medical Services Fee	? Yes	^	Vo
Any other fees being charged?:					
ie: clean up, parking, manure, garbage	, etc				
Please make sure Rodeo Approval Fo \$150 per rodeo (not per location), pl prior to your rodeo dates. If they ar	us a copy of your cer	tificate of insurance	and medic	al services conta	ct info, 45 days
	I understand and	accept the Rodeo A	Approval ter	rms and all rules	as outlined with the CCRA:
Sign	ature of Committee Co	ontact		Dated	
OFFICE USE:					
Form Rec'd: Fee Rec	'd:	Insurance Rec'd:		Med info F	Rec'd:
, , rec nec					