

NATIONAL INTERCOLLEGIATE RODEO ASSOCIATION NIRA JUDGE APPLICATION

1. Complete entire application.
2. **SIGN APPLICATION.**

3. Mail completed information to:
NATIONAL INTERCOLLEGIATE RODEO ASSOCIATION
 2033 Walla Walla Avenue
 Walla Walla, WA 99362

OFFICE USE ONLY

NIRA # _____

YEAR _____

TYPE OR PRINT CLEARLY

NAME _____

LAST
FIRST
MIDDLE
NICKNAME

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ BUSINESS PHONE (_____) _____

EMAIL _____ CELL PHONE (_____) _____

SEX (M/F) _____ SS# _____ - _____ - _____ Date of Birth _____

Are you a current PRCA member? Yes No PRCA# _____

Previous NIRA member? Yes No

Have you attended a PRCA judging seminar in the past? (*check one*) YES NO

If yes, indicate date & location of seminar Date _____ Location _____

In what NIRA Regions (*see map on back*) would you be willing to judge NIRA rodeos?

What rodeos have you judged in the past 2 years?

What NIRA rodeos are you interested in judging this year?

I hereby agree to release the National Intercollegiate Rodeo Association and all Sponsors of the NIRA from any responsibility for injury to myself or my equipment or any livestock for which I am responsible during my participation and/or arising out of my traveling to and returning from any and all NIRA approved rodeos. I do hereby further agree to release my heirs for my above listed actions in connection with the said NIRA approved rodeos.

Rodeo personnel may purchase NIRA accident insurance and coverage. Cost for this coverage is \$145.00. Medical insurance provided by the NIRA is excess over any valid and collectible insurance. NIRA belt pins are available for \$10.00 each.

I further understand that the completion of this application and the attendance at the NIRA sanctioned seminar does not guarantee me a NIRA judging assignment.

Enclosed is \$145.00 for medical insurance coverage
 Enclosed is \$10.00 for a NIRA belt pin

TOTAL AMOUNT ENCLOSED \$ _____

 SIGNATURE OF APPLICANT

DATE SIGNED: _____

APPROVED BY: _____

 REGIONAL FACULTY / STUDENT DIRECTOR

Amount Enclosed \$ _____

Insurance _____

Premium _____

Other _____

CR Page _____

MO / CC / SC / PC / CASH

NATIONAL INTERCOLLEGIATE RODEO ASSOCIATION
REGIONS

