

OFFICE USE		
ONLY	Region	Number

Application for Rodeo Approval

1) Complete both sides of this form. PLEASE TYPE or PRINT CLEARLY.

110NAL INTERCOLLEGIATE RODEO ASSOCIATION 2033 Walla Walla Avenue

Provide Western Specialty Insurors, LLC with insurance form and monies OR enclose a signed Certificate of Insurance verifying that your school is providing its own liability insurance coverage.

Walla Walla, Washington 99362

- 3) Indicate whether or not this rodeo will have established ground rules not covered or that deviate from the NIRA Rulebook.
- 4) Send completed and signed application along with Certificate of Insurance and a copy of established ground rules to the FACULTY DIRECTOR in your region for approval.
- 5) Unless prohibited by law or school policy the school(s) sponsoring the rodeo must allow the NIRA National Sponsors to exhibit and sample their products as per their contracts with the NIRA. The sponsoring school(s) will become ineligible to receive scholarship money from these sponsors if this guideline is not followed.
- 6) Club/School dues must be paid prior to approval of rodeo.
- 7) All stock contractors must be current NIRA members, including sub contractors.
- All contract personnel subject to NIRA rules.

School/Region Sponsoring Rodeo

9) Local RAM Dealer has first Right of Refusal on any sponsorship.

Be sure to include the Rodeo Application form, indication you have provided Western Specialty Insurors, LLC with insurance form and monies or Certificate of Insurance Rodeo Liability Insurance form, stock contractor application if not current, and copy of Established Ground Rules.

The above must be in the NIRA National Office thirty (30) days prior to the first performance of a scheduled Rodeo. Please refer to the NIRA rulebook.

A \$200 LATE FINE WILL BE STRICTLY ENFORCED IF...

the completed application, insurance, and ground rules are received in the NIRA National Office after the thirty (30) day deadline. \$100 late fine for every subsequent year.

Con	tact Person				1itle			
	Address P					Phone #		
	City/State/Zip		e#					
	Email		FOR OFFICE USE ONLY					
Loca	ation of Rodeo (arena))						
			Date Rec'd					
Date	s of Rodeo		Ground Rules					
Plea	se check one of the fol	llowing: Long/Short	Go-Round1	Head Round O		Club Member		
	No. of Performances		No. of Slack		*Enclose separate explanation sheet.			
				Time		S.C. Member		
	Day	Time	Day	Time	-	Timed Event Memb.		
				Time				
	Day	Time	Day	Time	_	Insurance Date Paid		
Insu	rance: What type are					Signatures		
	_	nrough Western Spec						
	Providing ow	vn (If so, enclose a si	Ambulance					
Grou	und Rules: (Please in	dicate whether or no	t this rodeo will have	e established ground rules	s not covered or that d	eviate from the current NIRA Rule book)		
	Enclosed is a	copy of ground rule	s to be used	No a	dditional ground rules	will be used		
Stoc	k Contractor: Please	indicate the Stock Co	ontractor of Record	and if applicable, the Tim	ed Event Contractor o	f Record. (All sub contractors must be current NIRA members & listed on an additional sheet if necessary.)		
		Company Name Owner's Name						
	Address:			City		StateZip		
					Yes No (Check	c One) • If Yes, PRCA#		
	Email							
	ed Event Contractor o	of Record must be a	current NIRA mei	nber.				
CON	SULT THE RULEBO	_						
						State Zip		
		er		PRCA Member:	Yes No (Check	One) • If Yes, PRCA#		
	Email							

NATIONAL INTERCOLLEGIATE RODEO ASSOCIATION

PLEASE TYPE or PRINT CLEARLY

Judges will be assigned through the Regional Faculty Director. The sponsoring school(s)/region must pay a minimum of \$200.00 per performance to each judge. In addition, the sponsoring school(s)/region must pay each judge \$1 for each run in slack. The school must also provide a complimentary hotel/motel room for each judge.

All NIRA rodeos must have a veterinarian on call, and name & phone number must be posted in rodeo office. Rodeo Committee must also have a plan for conveyance of injured animal from arena and follow up/treatment of injured Livestock after leaving the arena. Specify conveyance (use additional sheet if necessary): AMBULANCE SERVICE/CERTIFIED MEDICAL PERSONNEL VETERINARIAN_____ Phone ANNOUNCER_____ Phone _____ Address_____City____State__Zip E-Mail BULLFIGHTERS #1 Address _____ City State Zip City State Zip TIMER State Zip _____ City TIMER Address State_____Zip _____ City RODEO SECRETARY Address _____ State Zip Phone Fax **ENTRY PROCEDURE** Phone Fax Email

Must be in by Email address To Address Phone_____ Fax____ City/State/Zip ____ Phone_____Fax____ Entry fee per event \$_____ Call or fax in Office charges \$ _____ Time_____ Date____ Stock charges \$ Phone_____ Fax____ Draw outs Other charges \$____ Date Coach's Signature Regional Faculty or Student Director Signature Date

ARE THE FOLLOWING COMPLETE AND ENCLOSED?