

## CHUTE COORDINATOR PROGRAM CHECKLIST

STUDENT NAME: \_\_\_\_\_ ALIAS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE:(\_\_\_\_) \_\_\_\_\_ START DATE: \_\_\_\_\_

**THREE (3) RODEOS AS RECOGNIZED VOLUNTEER:**

RODEO/DATE	POSITION	CERTIFIED CHUTE COORDINATOR APPROVAL
1. _____ _____	RIGGING/SPOTTING	_____
2. _____ _____	RIGGING/SPOTTING	_____
3. _____ _____	RIGGING/SPOTTING	_____
1. _____ _____	DERIGGING (OPTIONAL)*	_____
2. _____ _____	DERIGGING (OPTIONAL)*	_____
3. _____ _____	DERIGGING (OPTIONAL)*	_____
1. _____ _____	ANIMAL LOADING	_____
2. _____ _____	ANIMAL LOADING	_____
3. _____ _____	ANIMAL LOADING	_____

\*NOT REQUIRED FOR CERTIFICATION

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RODEO/DATE	POSITION	CERTIFIED CHUTE COORDINATOR APPROVAL
1. _____ _____	CONTESTANT LINE-UP	_____
2. _____ _____	CONTESTANT LINE-UP	_____
3. _____ _____	CONTESTANT LINE-UP	_____
1. _____ _____	GATE OPENING ROUGH STOCK	_____
2. _____ _____	GATE OPENING ROUGH STOCK	_____
1. _____ _____	GATE OPENING CAMP	_____
2. _____ _____	GATE OPENING CAMP	_____
1. _____ _____	GATE OPENING ROPING	_____
2. _____ _____	GATE OPENING ROPING	_____

**TWO (2) RODEOS AS ASSISTANT:**

RODEO/DATE	POSITION	CERTIFIED CHUTE COORDINATOR APPROVAL
1. _____ _____	BUCKING	_____
2. _____ _____	BUCKING	_____
1. _____ _____	ROPING	_____

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RODEO/DATE	POSITION	CERTIFIED CHUTE COORDINATOR APPROVAL
2. _____ _____	ROPING	_____

**TWO (2) RODEOS AS:**

RODEO/DATE	POSITION	CERTIFIED CHUTE COORDINATOR APPROVAL
1. _____ _____	ARENA CREW COORD.	_____
2. _____ _____	ARENA CREW COORD.	_____
1. _____ _____	ASST ARENA DIRECTOR	_____
2. _____ _____	ASST ARENA DIRECTOR	_____

**CHUTE COORDINATORS SEMINAR:**

PLACE/DATE	INSTRUCTORS SIGNATURE
_____ _____	_____

ROOKIE REQUEST SENT TO: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 REQUESTED RODEO: \_\_\_\_\_

ROOKIE RODEO/DATE	CERTIFIED CHUTE COORDINATOR APPROVAL
_____ _____	_____ _____

STUDENT PERFORMANCE REVIEW COMPLETION DATE: \_\_\_\_\_  
 DATE MAILED TO CHAIR: \_\_\_\_\_