



CERTIFICATION PROGRAM ENROLLMENT REQUEST FORM

Name: _____

Address: _____

City/State/Zip/Postal Code: _____

E-Mail: _____

Phone: (Hm) () - (Wk) () -

(Wk) () -

(show an * by preferred number to call)

IGRA Member Association: _____

I request official enrollment in the certification program as indicated below:

- Arena Director Chute Coordinator Judge
 Auditor Secretary Scorekeeper

CHAIRPERSON'S SIGNATURE

DATE

Return completed form to

Arena Directors

Heather Murray
E-Mail: chutechickeh@yahoo.ca
Postal Mail: 228 Harvest Rose Cir NE, Calgary, AB Canada T3K 4P5

Chute Coordinators

Jay Beck
E-Mail: shchutes@hotmail.com
Postal Mail: 3100 Rock Hill Rd, Aubrey, TX 76227-8452

Judges

Michael Lentz
E-Mail: gmlentz@yahoo.com
Postal Mail: 4602 Coachway Dr, North Bethesda, MD 20852-2338

Auditor/Secretary/Scorekeepers

Ron Trusley
E-Mail: rtrusley@cox.net
Postal Mail: 4206 S 62 Ln, Phoenix, AZ 85043-1904