

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	_____
3. _____ _____	GATE OPENING ROUGH STOCK	_____
1. _____ _____	GATE OPENING CAMP	_____
2. _____ _____	GATE OPENING CAMP	_____
3. _____ _____	GATE OPENING CAMP	_____
1. _____ _____	GATE OPENING ROPING	_____
2. _____ _____	GATE OPENING ROPING	_____
3. _____ _____	GATE OPENING ROPING	_____

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TWO (2) RODEOS AS ASSISTANT:

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

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: _____