

## 2024 RODEO APPLICATION FORM

Associatio	n Acro	nym: Application Date:					
Associatio	n Nam	e:					
Rodeo Name:							
Rodeo Dates:  Rodeo Venue:  Rodeo Director:  VARIANCES REQUESTED:  Arena:  Stock:							
					-		
						-	s or compliance issues from your immediate past rodeo along with mitigate those issues at your proposed rodeo. If none, state none.
					Yes	No	Is this your first IGRA-sanctioned rodeo?
							Has it been more than 2 years since your last IGRA-sanctioned rodeo If both were answered "No" skip to next page.
					Yes	No	Do you have a rodeo budget in place? Please attach.
Yes	No	Do you have a plan in place to raise the necessary revenue?					
What is yo	our bac	ek-up plan if your revenue fails to pay expenses?					

By our signatures below, we certify that this rodeo application has been approved in accordance with our internal association policies and procedures and we have reviewed the rodeo budget and have determined it to be accurate and acceptable for our business planning purposes.

Rodeo Director:		
Signature:	Date:	
Association President:		
Signature:	Date:	
Association Trustee:		
Signature:	Date:	

Please send completed application, attachments, and **copy** of check to the IGRA Secretary at: Please send the original check direct to David Hill - Treasurer at:

Michael Norman

IGRA Secretary

7601 Kings Ridge Rd

Frisco, TX 75035-7116

David Hill

IGRA Treasurer

20140 E Maplewood Ln

Centennial, CO 80016-1279

or: m.norman@sbcglobal.net or: david.hill@igra.com