

BOB PIMENTEL IGRA RODEO CRISIS FUND APPLICATION

Name:				
Member Association:		Member's IO	GRA Number	r:
Address:				
City:	State/Province	ce:	Postal Code	:
Home Phone:				
Work Phone:				
Cell Phone:				
Social Security Number (U.S.):				
Social Security/Insurance # (Canada	a):			
E-mail Address:				
Insured: YES NO				
Name as it appears on Insurance Ca	rd:			
First: Middle	Initial:	Last:		
Name of Insurance Company:				
Address:				
City:	State/Province	ce:	Postal Code	:
Office Phone:				
Insurance Deductible: \$	-			
Gender: Male Female)			

Contact Information:	
Rodeo Location:	
Day: Saturday Sund	day
Rodeo Director:	Phone #:
Arena Director:	Phone #:
Treatment Level Provided:	First Aid Only
	☐ EMT/Paramedic
	☐ Hospital Care and Released
	☐ Hospital Care and Admitted (attach hospital report)
_	of the injury if not admitted.
Amount Requested: \$	
Applicant's Signature:	

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IGRA RODEO CRISIS FUND GUIDELINES

Applicant must be in good standing with a Member Association of the International Gay Rodeo Association (IGRA).

Maximum amount available is \$500.00. Assistance awards are based on out–of–pocket emergency costs up to a maximum of \$500.00.

The Executive Committee will review and approve all applications. The President will appoint an ad-hoc committee member to manage the fund-raising aspects of the fund.

The applicant must complete the rodeo injury form (available online), mail the original and one copy of receipts showing emergency medical care to:

IGRA Administrative Assistant 20140 E Maplewood Ln Centennial CO 80016

The Administrative Assistant will send copies to the Executive Committee and Committee Chair. Applications will be considered at the next regularly scheduled Executive Committee meeting. Members who submitted applications will be notified of the decision via E-mail following the meeting of the Executive Committee.

The Treasurer will send a support check, if applicable, within 2 weeks of the decision.

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