2019 IGRA RODEO REVIEW FORM

Please use blue or black ink. Do not use colored ink, crayons, or Sharpies®.

NAME of RODEO		
NAME of EVENT		
GO–ROUND #1 #2	DATE:	TIME:
Step 1 . Review is hereby requested by: Contestant Name:		Rodeo Number:
Name of certified official(s) involved: 1.	2	
List Rodeo Rule #		(e.g. Rodeo Rule XIII.4.B)
Review requested on contestant:		Rodeo Number:
Write a brief comment on the official(s) decision in question.		
**************************************	sponse here.	e to complete *************
Step 3. Trustee communicates the office Contestant accepts Contestant challenges	ial(s) response to the	ne contestant. Check if:
Step 4 (if needed). If contestant challer find resolution. Trustees' resolution: Official(s) decision stands Recorded time/score stands Maximum time/reride option external		eeting will be called to review and
Trustee's Printed Name	Signature	Date

Exhibit J 01/01/19