



INTERSTATES RODEO ASSOCIATION
118 Washington Street
Grand River, Iowa 50108
Phone/Fax: (641) 773-5232

2017 Application

Print Clearly

Date: _____

Contestant - Personnel Cards: \$85.00 Timers (Only): \$45.00

Circle one: New Old

Name: _____ IRA #: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Date of Birth: _____ Soc. Sec. #: _____

I work the following events: **Calf Roping and Over/40: Circle the one for All-Around points**

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Bareback | <input type="checkbox"/> Saddle Bronc | <input type="checkbox"/> Bull riding | <input type="checkbox"/> Calf Roping |
| <input type="checkbox"/> Forty & Over CR | <input type="checkbox"/> Break-Away | <input type="checkbox"/> Barrel Racing | <input type="checkbox"/> Team Roping |
| <input type="checkbox"/> Steer Wrestling | <input type="checkbox"/> Timer | <input type="checkbox"/> Judge | <input type="checkbox"/> Pick-Up Man |
| <input type="checkbox"/> Bull Fighter | <input type="checkbox"/> Photographer | <input type="checkbox"/> Barrel Man | <input type="checkbox"/> Specialty Act |
| <input type="checkbox"/> Stock Contractor | <input type="checkbox"/> Producer | <input type="checkbox"/> Announcer | <input type="checkbox"/> Clown |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Other _____ | | |

Signature _____

Applicants under 21

I certify that the age and date of birth of the below named child is correct, and I hereby consent to the participation of my/our child in the Interstates Rodeo Association, Inc. I agree that in no event will I hold the IRA, Inc., its agents, or employees liable for injury or property damage during participation at a IRA sanctioned rodeo or while enroute to or from a IRA sanctioned rodeo.

Applicant: _____ Birthdate: _____

Address: _____ Age: _____

City: _____ Zip: _____

Phone: _____ Soc. Sec. #: _____

Parent/Guardian Signature: _____ Must be notarized

The foregoing instrument was acknowledged before me this _____ day of _____ 20____ by _____ parent or guardian of the above IRA contestant, and I certify that the above information is true to the best of my knowledge.

Notary Public _____ Date _____ My Commission Expires _____.