



Roping in families since 2006!

CLINIC, DEVELOPMENT DAY AND TRAINING DAY APPLICATION FORM

Name: Date:

Address:

City: State: Postcode:

Phone: Email: ATRA Membership Number:

Choose main event for coverage: Clinic Development Day Training Day

Intended Date/s: Name of Promoter/Club to be insured:

Name of instructor(s) conducting event that require cover under ATRA's Insurance Policy:
.....

Name and physical address of Venue where event is to be held:
.....

Owner of Venue:

What ATRA events will be covered at this Clinic/Development Day/Training Day:

Team Roping Rope & Tie Breakaway Barrel Race Steer Wrestling

Please provide a detailed program of events for this Clinic/Development Day/Training Day:

Applicant's Signature: Date: