



ARENA DIRECTOR CERTIFICATION/RE-CERTIFICATION REQUEST FORM

Certification: Complete sections 1 and 2

Re-certification: Complete sections 1 and 3

E-mail or mail completed form to: Guy Puglisi
E-Mail: lvguyp@aol.com
Mail: 1560 Emerald Oaks Ave
Henderson, NV 89014

SECTION 1

I certify I have met all requirements and request:

- [] Certification as an IGRA Arena Director
[] Re-certification as an IGRA Arena Director

Signature Date

Name:

Address:

City/State/Zip/Postal Code:

E-Mail: (Hm)

Phone: (Hm) () - (Cell) () -

(show an * by preferred number to call)

IGRA Member Association:



SECTION 2 – ARENA DIRECTOR CERTIFICATION

I have met all requirements for Arena Director Certification as follows:

Viewed the IGRA–sanctioned safety video: (date) _____

Worked as Arena Crew Coordinator for at least two (2) rodeos:

Rodeos & Dates: _____

Worked as Assistant Arena Director for at least three (3) rodeos:

Rodeos & Dates: _____

AND

Successfully performed under the supervision of a Certified Arena Director:

Conducted a new contestant orientation meeting:

Rodeo/Date: _____

Conducted pre–rodeo meeting with the Chute Coordinator and EMS Crew:

Rodeo/Date: _____

Is familiar with the completion of the IGRA Rodeo Checklist, contestant injury, animal injury and protest forms: [] Yes [] No

Assisted with the coordination and running of speed events:

Rodeos/Dates: _____

Assisted with the coordination and running of camp events:

Rodeos/Dates: _____

Rigging, spotting, animal loading at 3 rodeos, both days:

Rodeos/Dates: _____

Contestant lineup at 2 rodeos, both days:

Rodeos/Dates: _____

Gate opening, rough stock at 2 rodeos, both days:

Rodeos/Dates: _____

Assistant in roping at 2 rodeos, both days:

Rodeos/Dates: _____

Assistant in bucking at 3 rodeos, both days:

Rodeos/Dates: _____

Have chute crew experience: [] Yes [] No

If not a Certified Chute Coordinator, I have completed a Chute Coordinator Seminar:

Date & Location: _____

Attended Arena Director Seminar & Successfully Passed the Exam:

Date & Location: _____

Committee Recommends []

Committee Does Not Recommend []

Committee Chairperson Printed Name

Committee Chairperson Signature

Date _____



SECTION 3 – ARENA DIRECTOR RE-CERTIFICATION

I have met all requirements for Arena Director Re-Certification as follows:

Worked at least one (1) rodeo, other than the IGRA Finals Rodeo, as:

[] Arena Director
Rodeo Name/Date _____

OR

[] Assistant Arena Director
Rodeo Name/Date _____

OR

[] Arena Crew Set-Up Coordinator
Rodeo Name/Date _____

OR

Worked as Assistant Arena Director and attended an Arena Directors Seminar:

Rodeo/Date/Location: _____

Committee Recommends []

Committee Does Not Recommend []

Committee Chairperson Printed Name

Committee Chairperson Signature

Date _____