



**CHUTE COORDINATOR 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: Bruce Roby
E-Mail: bruce_robby@hormail.com
Mail: 2055 Dalis Dr
Concord, CA 94520

SECTION 1

I certify I have met all requirements and request:

- Certification as an IGRA Chute Coordinator

- Re-certification as an IGRA Chute Coordinator

Signature Date

Name: _____

Address: _____

City/State/Zip/Postal Code: _____

E-Mail: (Hm) _____ (Wk) _____

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

(Show an * by preferred number to call)

IGRA Member Association: _____

SECTION 2 – CHUTE COORDINATOR CERTIFICATION



I have met all requirements for Chute Coordinator Certification as follows:

Worked as chute staff volunteer for a minimum of two (2) sanctioned rodeos before entering the Chute Coordinator Certification Program:

Rodeos/Dates: _____

Worked the following activities and received approval according to the Chute Coordinator Program Checklist:

Five (5) rodeos as a recognized volunteer in the following areas:

Rigging & spotting (may be combined with animal loading)

Rodeos/Dates: _____

Animal Loading (may be combined with rigging and spotting)

Rodeos/Dates: _____

Contestant Lineup

Rodeos/Dates: _____

Gate Opening (rough stock)

Rodeos/Dates: _____

Gate Opening (camp)

Rodeos/Dates: _____

Gate Opening (roping)

Rodeos/Dates: _____

Two (2) rodeos as an assistant in bucking

Rodeos/Dates: _____

Two (2) rodeos as an assistant in roping

Rodeos/Dates: _____

Worked two (2) rodeos as Arena Crew Coordinator

Rodeos/Dates: _____

Worked two (2) rodeos as Assistant Arena Director

Rodeos/Dates: _____

Attended Chute Coordinator Seminar & Successfully Passed the Exam:

Date & Location: _____

Committee Recommends []

Committee Does Not Recommend []



Committee Chairperson Printed Name

Committee Chairperson Signature

Date _____

SECTION 3 – CHUTE COORDINATOR RE-CERTIFICATION

I have met all requirements for Chute Coordinator Re-Certification as follows:

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

Certified Chute Coordinator

Rodeo Name/Date _____

OR

Assistant Chute Coordinator

Rodeo Name/Date _____

OR

Recognized Volunteer

Rodeo Name/Date _____

OR

Certified Arena Director

Rodeo Name/Date _____

OR

Worked as Assistant Chute Coordinator and attended a Chute Coordinator Seminar:

Rodeo Name/Date _____

Seminar Location/Date _____

Committee Recommends []

Committee Does Not Recommend []

Committee Chairperson Printed Name

Committee Chairperson Signature

Date _____