



## 2025 CCRA RODEO APPROVAL FORM

Mailing Address: BOX 1031 CARDSTON, AB T0K0K0  
 Phone: 403-875-3242 Email: info@canadaseniorrodeo.com

**RODEO(s) :** \_\_\_\_\_ **DATE(s) :** \_\_\_\_\_

<b>EVENTS / ADDED MONEY</b>	<b>Added Money is Optional for 2025</b>	<b>EVENTS / ADDED MONEY</b>	<b>Added Money is Optional for 2025</b>
Ladies Barrel Racing 40-59		Mixed Team Roping	
Ladies Barrel Racing 60+		Team Roping 40-59	
Ladies Barrel Racing 68+		Team Roping 60+	
Tie Down Roping 40-59		Ribbon Roping 40-49	
Tie Down Roping 60+		Ribbon Roping 50-59	
Tie Down Roping 68+		Ribbon Roping 60+	
Men's Breakaway Roping 40-64		Steer Wrestling	
Men's Breakaway Roping 65+		Bull Riding	
Ladies Breakaway Roping		Saddle Bronc	
		Bareback	
		<b>TOTAL</b>	
		<b>\$</b>	

**Performance/Slack Times:** \_\_\_\_\_

**Order of Events:** \_\_\_\_\_

**Timed Event Stock Contractor:** \_\_\_\_\_

**Roughstock Stock Contractor:** \_\_\_\_\_

**Judges (2):** \_\_\_\_\_

**Timers (2):** \_\_\_\_\_

**Announcer:** \_\_\_\_\_

**Plug Ins at Rodeo grounds:** Yes\* \_\_\_\_\_ How many \_\_\_\_\_ Cost \_\_\_\_\_ No \_\_\_\_\_

**Stalls at Rodeo grounds:** Yes\* \_\_\_\_\_ How many \_\_\_\_\_ Cost \_\_\_\_\_ No \_\_\_\_\_

**Self Penning Allowed:** Yes\* \_\_\_\_\_ Cost \_\_\_\_\_ No \_\_\_\_\_

*\* If yes, list contact info for booking* \_\_\_\_\_

**Locals Allowed :** Yes \_\_\_\_\_ Which day(s) \_\_\_\_\_ No \_\_\_\_\_

**Committee Name (legal):**

\_\_\_\_\_

**Committee Contact:**

\_\_\_\_\_

*Phone & Email:*

\_\_\_\_\_

*Mailing Address:*

\_\_\_\_\_

\_\_\_\_\_

**Committee Secretary:**

\_\_\_\_\_

*Phone & Email:*

\_\_\_\_\_

**Ship Rodeo Package to:**

\_\_\_\_\_

\_\_\_\_\_

*All entries and callbacks will be done thru the CSPRA office. Following callback, the rodeo package with all required rodeo paperwork (judge sheets, entry fee receipts, etc) will be shipped to this address.*

**Location of Rodeo Grounds:**

\_\_\_\_\_

*Address & Legal Land Description:*

\_\_\_\_\_

**Special events to be held in**

\_\_\_\_\_

**conjunction with your rodeo:**

\_\_\_\_\_

\_\_\_\_\_

**Medical Services Company:**

\_\_\_\_\_

*Contact & phone/email:*

\_\_\_\_\_

*Do you wish to charge the optional \$2/contestant/rodeo Medical Services Fee? Yes \_\_\_\_\_ No \_\_\_\_\_*

**Any other fees being charged?:**

\_\_\_\_\_

*ie: clean up, parking, manure, garbage, etc*

*Please make sure Rodeo Approval Form is filled out and sent back to the CCRA Office with the required approval fees of \$150 per rodeo (not per location), plus a copy of your certificate of insurance and medical services contact info, 45 days prior to your rodeo dates. If they are not received within the time specified your rodeo may not be approved.*

***I understand and accept the Rodeo Approval terms and all rules as outlined with the CCRA:***

\_\_\_\_\_  
*Signature of Committee Contact*

\_\_\_\_\_  
*Dated*

**OFFICE USE:**

**Form Rec'd:** \_\_\_\_\_ **Fee Rec'd:** \_\_\_\_\_ **Insurance Rec'd:** \_\_\_\_\_ **Med info Rec'd:** \_\_\_\_\_