



RODEO EARNINGS DECLARATION

I, _____ (Full Name) Of _____

_____ State _____ Postcode _____

Phone Number: _____ Email: _____

DOB: _____ declare that I have won in excess of \$1000.00 in Bull Riding events with the following rodeo association/s and I am eligible to compete in Open Bull Riding Events in line with the ABCRA rules.

RODEO	DATE	ASSOCIATION	AMOUNT \$
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

(Competitor Signature)

(Date)

(Witness Signature)

(Date)

(Witness Name)

This form is to be forwarded to general@abcra.com.au

NB: Any person found to be making a false declaration will face disciplinary proceedings and may have their membership suspended. In the event of injury your Personal Accident cover with the ABCRA policy will be null and void.