



PROTECTION ATHLETE – APPLICATION FORM

This form must be sent to Head Office for approval **BEFORE** you begin your Shadow events.

APPLICANT DETAILS	
Name:	ABCRA Mem No.
Address:	
Phone:	Email:

Nominate 5 Rodeos that you will be shadow clowning at. You must shadow clown with 2 approved open clowns. Include the event eg Novice / Open / Junior. Please return form to general@abcra.com.au when complete.

Rodeo 1 Name:	Date of rodeo:	Circle Event/s: Novice / Open / Junior
Approved protection clowns:	Name 1: Name 2:	

Rodeo 2 Name:	Date of rodeo:	Circle Event/s: Novice / Open / Junior
Approved protection clowns:	Name 1: Name 2:	

Rodeo 3 Name:	Date of rodeo:	Circle Event/s: Novice / Open / Junior
Approved protection clowns:	Name 1: Name 2:	

Rodeo 4 Name:	Date of rodeo:	Circle Event/s: Novice / Open / Junior
Approved protection clowns:	Name 1: Name 2:	

Rodeo 5 Name:	Date of rodeo:	Circle Event/s: Novice / Open / Junior
Approved protection clowns:	Name 1: Name 2:	

OFFICE USE ONLY RODEO MRC:

Tick Box

Capable of being approved Needs more experience Would NOT consider as a Protection Clown

APPROVED AS Open Protection Clown Novice Protection Clown Junior Events Protection Clown

Probation period begins from (date) for 12 months

Remarks

Name of Approved DIRECTOR	Director position (circle)	Date
	MRC DIRECTOR / PROTECTION CLOWN DIRECTOR	