



2026 CCRA RODEO APPROVAL FORM

Mailing Address: RR 1 Site 16 Box 11 Ponoka T4J 1R1
 Phone: 403-875-3242 Email: canclassicrodeo@gmail.com

RODEO(s) : _____ **DATE(s) :** _____

EVENTS / ADDED MONEY	Added Money is Optional	EVENTS / ADDED MONEY	Added Money is Optional
Ladies Barrel Racing 40-49		Ladies Breakaway Roping	
Ladies Barrel Racing 50-59		Mixed Team Roping	
Ladies Barrel Racing 60+		Team Roping 40-59	
Ladies Barrel Racing 68+		Team Roping 60+	
Tie Down Roping 40-49		Ribbon Roping 40-49	
Tie Down Roping 50-59		Ribbon Roping 50-59	
Tie Down Roping 60+		Ribbon Roping 60+	
Tie Down Roping 68+		Steer Wrestling	
Men's Breakaway Roping 40-64			
Men's Breakaway Roping 65+			
		TOTAL	\$

Performance/Slack Times: _____

Order of Events: _____

Timed Event 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 CCRA 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:** _____