



Roping in families since 2006!

ATRA PROMOTER APPLICATION FORM

Please read the below information BEFORE you proceed with the attached Application Form.

AFFILIATION BENEFITS:

- ✦ By Affiliating your event you will have ATRA Public Liability Insurance.
- ✦ Unlimited events that have been notified to ATRA Head Office - Affiliation Fee \$550 and is due when your application is approved by the ATRA Board of Directors.
- ✦ ATRA Head Office provides all necessary paperwork relevant to running an event.
- ✦ Promoter receives one free membership per year.
- ✦ ATRA staff available weekdays for assistance and weekends if you are running an event.
- ✦ Personal accident cover for your participants included in full and event membership
- ✦ Personal accident cover for volunteer workers free of charge

REQUIREMENTS IF YOUR APPLICATION IS SUCCESSFUL:

- ✦ Notification of events being run sent to Head Office via supplied form a minimum of 14 days prior to the Jackpot.
- ✦ Promoter to ensure all competitors hold Full or Event Membership prior to commencement of Jackpot.
- ✦ Separate approval is required from the Board of Directors prior to running an ATRA approved Clinic.
- ✦ A current First Aid Officer must be present during your Jackpot/Clinic.
- ✦ Stock Contractor is required to be ATRA approved.
- ✦ Abide by all your State Government legislation.

REQUIRED PAPERWORK AFTER EACH JACKPOT: DUE WITHIN 14 DAYS AFTER JACKPOT COMPLETION:

- ✦ Event details and date
- ✦ List of participants as per results sheet
- ✦ All results
- ✦ Any incident reports - participants or animals
- ✦ Calculation and payment of levies

BEFORE YOU SUBMIT YOUR APPLICATION CHECK THE FOLLOWING ESSENTIALS:

- ✦ You agree to becoming - or already are - a Full Financial ATRA Member.
- ✦ You agree to abide by the Rule Book and Constitution of the ATRA.

IF YOU AGREE TO THE ABOVE TERMS PLEASE FILL OUT THE FOLLOWING APPLICATION FORM AND RISK ANALYSIS AND RETURN FOR APPROVAL:

- ✦ This application will only be reviewed when it is completed in its entirety.
- ✦ The affiliation will commence from date of payment and remain in place for 12 months.



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Name of Club/Affiliate Responsible: Contact Name:

Are you a Club, Committee or a Business: Club Committee Business

Address:

Phone: Mobile:

Email: Website:

What social media pages do you use/or will use as an ATRA Promoter to help promote your events (please provide handle/s):

Facebook: Instagram:

YouTube: TikTok:

Other:

Do you have a logo: Yes No

Names of individuals conducting the Jackpot/Clinic:

Events likely to be conducted at Jackpot:

Full name of Venue:

Address of Venue:

Please provide a two to three paragraph profile on what you do and/or plan to do as an ATRA Promoter, that can be used by the ATRA to help promote you and your events on our website and across our social media channels should your application be successful:

Full name of person completing this application:

Your Address:

Your Phone: Your Email:

I agree to all of the requirements listed on Page 1 of this Application.

Signature: Date: