



*Roping in families since 2006!*

## INSTRUCTOR APPLICATION FORM

### APPLICANT DETAILS

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

ATRA Membership:  Yes  No Member #: \_\_\_\_\_  
(you must be a current ATRA Full Member to conduct a clinic)

For which events are you applying to instruct?

- Horsemanship
- Team Roping
- Breakaway Roping
- Barrel Racing
- Steer Wrestler
- Rope & Tie

How many years have you spent competing in this/these event(s)? \_\_\_\_\_

Do you have any offences that would stop you being approved as an ATRA Instructor?  Yes  No

If you wish to teach children under 18 years of age you will require a current Working with Children Check.

What is your WWCC Number? \_\_\_\_\_

Do you hold a current Public Liability Certificate of Currency?  Yes  No

Policy Held By: \_\_\_\_\_ Policy #: \_\_\_\_\_

### REFERENCES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

APPROVED  DENIED

Date: \_\_\_\_\_