



JACKPOT, CLINIC OR PRACTICE DAY EVENT NOTIFICATION

I understand that: **(PLEASE TICK)**

- Each part of this form must be filled in before returning to APRA office or penalties may apply
- Each participant and official must be a financial APRA member or day member, day members must complete the Day Membership Form, form to be kept by the Committee
- APRA approved officials must be used (please indicate in official type column on Participant List)
- All listed participants must be paid for
- Anyone not on this list must not be allowed to participate
- I put my Public Risk Insurance in jeopardy if I allow anyone to participate that is not on the list
- If the event is over more than one day, day membership only needs to be paid once
- I must return this notification form by 3pm AEST the business day prior to the event
- Levies are due to APRA within 7 days of the event
- I must abide by State Regulations and APRA rules in relation to animal welfare
- I must abide by State Regulations in relation to Covid safe practices and procedures

Signed:	Name:
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Event Details

All fields below applicable to your activity must be completed for your cover to be valid.

Event Name:	Date:
Location:	Activity:
APRA Approved Bullfighter:	APRA Approved Pick Up Man:
APRA Approved Stock Contractor:	First Aid Officer (Name of person holding First Aid Cert):

Levy Calculator

No. of senior competitors' personal accident levy (include multiple days)	\$16.20	x		\$
No. of senior day members	\$44.00	x		\$
No. of junior competitors' personal accident levy (include multiple days)	\$6.30	x		\$
No. of junior day members	\$16.50	x		\$
TOTAL				\$



(07) 4661 8183
(07) 4661 4990 Fax



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apra@prorodeo.com.au



PO Box 264
Warwick Q 4370





PARTICIPANT LIST

These details must be accurate; any discrepancies need to be rectified before participation.

Name	Official Type	DOB	Senior or Junior	APRA Membership Number or Day Member	No. of Days



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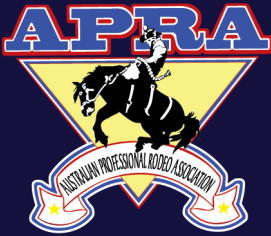


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