



NHSRA CRISIS FUND

DATE: _____

NHSRA MEMBERSHIP #: _____

ARE YOU OR THE PERSON ON WHOSE BEHALF YOU
ARE APPLYING A MEMBER OF THE NHSRA
IN GOOD STANDING?

YES: _____ NO: _____

APPLICATION FOR FINANCIAL ASSISTANCE

Full name of the NHSRA member: _____

Member's Date of Birth: _____

Address: _____ City: _____

State/ Province: _____ Zip: _____ Country: _____

Email Address: _____ Phone #: _____

Name of person filing application: _____

Relationship to member: _____

REASON FOR REQUESTING ASSISTANCE

Please explain the reason you are applying for assistance. Indicate if injury, death, permanent disability, etc. Attach physician's statement of all injuries. If disability, give starting date and nature of disability.

INCIDENT AND RODEO INFORMATION

Was accident or injury rodeo related or while traveling to/from the rodeo? _____

Was the rodeo an NHSRA sanctioned event? Yes: _____ No: _____

Location where accident or injury occurred (please list arena, city, state, location of accident) :

Describe the type of accident or how the injury occurred: _____

What is the prognosis of the injury: _____
