



CANADIAN PROFESSIONAL RODEO ASSOCIATION

CPRA Bullfighting **FULL Card** Applicant Resume

Name: _____ Member #: _____ Date: _____

Bullfighting Experience:

List all six (6) CPRA Association approved performances:

Contact of a full carded CPRA Stock Contractor:

Name: _____ Phone/Card Number: _____

Contact of a CFR Bull Fighter:

Name: _____ Phone/Card Number: _____

Contact of Two (2) CFR Bull Riders:

Name: _____ Phone/Card Number: _____

Name: _____ Phone/Card Number: _____

- You may also submit any pictures or videos you may have at this time.
- Upon review of this application, the CPRA reserves the right to grant or deny any person a membership.
- **If denied, applicant must wait one (1) year to reapply.**

OFFICE USE ONLY:

☐ **APPROVED**

☐ **DENIED** _____

BY: _____