



BULL RIDERS CANADA RELIEF FOUNDATION
APPLICATION FOR ASSISTANCE

Box 515, Irricana, AB T0M 1B0
www.bullriderscanada.ca
bullriderscanada@gmail.com

Bull Riders Canada Relief Foundation – Application for Assistance

CONTACT INFORMATION:

Name: _____ Cell Phone: _____

Home Phone: _____ Email: _____

Address: _____
Box/Street/RR City Province/State Postal Code/Zip

Age: _____ Birthdate: _____ / _____ / _____ BRC Inc. Card Number: _____

EVENT & INJURY INFORMATION:

Event of Injury or Incident: _____

What was the injury or incident and how were you affected? _____

Provide validation (Doctor Note, Vet Note, etc.) for your claim. Explain documents here and attach with Application:

What assistance are you looking for and why? *If you are looking for assistance with time away from work, please provide the length of time (days, weeks, months) you are expected to be unable to work.* _____

You have a maximum of six (6) weeks from the date of the BRC Event that the injury/incident occurred to submit an Application for Assistance Form.

You MUST provide PROOF OF INABILITY TO WORK with this Application Form.

Printed Name: _____ Signature: _____

Date: _____

NOTE: All details contained in this form are CONFIDENTIAL. The more information you provide us with, the faster we will be able to process your application. Attach any documents you feel are applicable.

**RETURN FORM TO BRC RELIEF FOUNDATION VIA EMAIL: bullriderscanada@gmail.com; or MAIL:
Box 515, Irricana, AB T0M 1B0**