



JUSTIN COWBOY CRISIS FUND

Application for Financial Assistance



PHYSICIAN'S STATEMENT TO ACCOMPANY APPLICATION

The Justin Cowboy Crisis Fund is a 501-c-3 non-profit organization with the mission of assisting injured rodeo athletes. The Justin Cowboy Crisis Fund examines all financial and medical circumstances of an applicant before deeming that applicant eligible for living assistance from and injury received through their participate in rodeo. Please fill out the following information and submit it to the Justin Cowboy Crisis Fund as it is necessary to complete review of the application.

Patient Name: _____

Date of Injury: _____

Nature of Injury: _____

Circumstances surrounding injury: _____

Treatment/Surgery (include date): _____

Include operation report or specifics on repair: *Attach document if available* _____

Prognosis: _____

Date patient can return to work: _____

Date patient can return rodeo competition: _____

Notes: _____

Physician Name (print): _____ Physician Signature: _____

Physician Phone Number: _____ Physician State Licensed: _____ Physician License Number: _____

Please return to: Justin Cowboy Crisis Fund
101 Pro Rodeo Dr.
Colorado Springs, CO 80919

Fax: (719) 264-4926
EMAIL: jccinfo@prorodeo.com