

Complete Form and Send To:

MHSRA State office  
PO Box 118  
Cohagen, MT 59322  
Phone: (406) 557-2610  
Email: mhsra406@gmail.com

## CLINIC APPROVAL FORM

\_\_\_ Qualifying Rodeo      \_\_\_ District Rodeo       X  Clinic

**Clinic Name** \_\_\_\_\_

CLINIC DATES \_\_\_\_\_

**\*\*Arena Name or Street Address** \_\_\_\_\_  
(must be filled in or NHSRA will not approve)

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**PERSON TO SUPERVISE**      Name \_\_\_\_\_  
   Address \_\_\_\_\_  
   \_\_\_\_\_  
   Phone \_\_\_\_\_  
   **Email** \_\_\_\_\_

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**NEAREST HOSPITAL**      Name \_\_\_\_\_  
(all information must be filled in completely)  
   Address \_\_\_\_\_  
   \_\_\_\_\_  
   Phone \_\_\_\_\_

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**STOCK CONTRACTOR**      Name \_\_\_\_\_

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SPONSORING ORGANIZATION \_\_\_\_\_

**NOTE: The NHSRA requires that emergency medical facilities and transportation will be readily available at all High School Rodeo approved rodeos, clinics, rodeo schools and practices.**

**If medical facilities are not readily available, it is required that there be an EMT with jump kit and backboard.**

**NOTE: Committee must submit this completed approval form at least 60 days in advance to the MHSRA State Office before the clinic will be approved and sanctioned.**