

RODEO APPROVAL FORM

Complete Form and Send To:

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

 √ Qualifying Rodeo

Town _____ including **Junior High Division** Rodeo yes no
(check one)

	DATE	START TIME <small>(high school)</small>	START TIME <small>(junior high)</small>
RODEO #1	_____	_____	_____
RODEO #2	_____	_____	_____

SPONSORING ORGANIZATION Name _____

****Arena Name or Street Address** _____

PERSON TO SUPERVISE Name _____

Address _____

Phone _____

Email _____

RODEO SECRETARY
(must be certified with MHSRA) Name _____

Address _____

Phone _____

Email _____

Certified Timers Names _____

NEAREST HOSPITAL
(all information must be filled in completely) Name _____

Address _____

Phone _____

STALL INFORMATION Name & Phone _____
(this information must be filled in when submitting this form)

Fee \$ _____ per night per stall **OR** \$ _____ per stall for weekend **OR**
 _____ Must use stalls on grounds no pens built or tying to trailers
 _____ No Stalls Available ******(committee: pick **only one** of these three options please)

STOCK CONTRACTOR Name _____

NOTE: Committee must submit this approval form to MHSRA State Office and the insurance form and payment to WSI before rodeo/cutting will be approved and sanctioned.

- Office Use Only -

Card Date: _____

Entry Date: _____

Call Back Date: _____