

Complete Form and Send To:

MHSRA State office
PO Box 264
Roy, MT 59471
Phone/Fax: (406) 464-2686
Email: mhsra@mhsra.com

CLINIC APPROVAL FORM

Qualifying Rodeo District Rodeo Clinic

Clinic Name _____

CLINIC DATES _____

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

PERSON TO SUPERVISE Name _____

Address _____

Phone _____

Email _____

NEAREST HOSPITAL Name _____

(all information must be filled in completely)

Address _____

Phone _____

STOCK CONTRACTOR Name _____

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.