

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 Daniel Green Team Roping School

CLINIC DATES Thursday and Friday August 1 and 2

**Arena Name or Street Address Erickson Arena
(must be filled in or MHSRA will not approve)

PERSON TO SUPERVISE

Name Shawn / Erlona Erickson

Address Box 233

870 Judith River Drive; Hobson

Phone 406-366-3273 / 406-423-5473

MT
59452

Email erlonajerickson@gmail.com

NEAREST HOSPITAL

(all information must be filled in completely)

Name Central Montana Medical Center

Address 406 Woodell Avenue

Lewistown, MT 59457

Phone 406-535-7711

Shawn
Erickson - EMT

STOCK CONTRACTOR

Name Shawn Erickson / Travis Berg → Team Roping Steers

SPONSORING ORGANIZATION

Shawn / Erlona Erickson

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.