

Montana High School Rodeo Association Request for Liability Event Insurance 2016-2017

NAMED INSURED	Rodeo Committee:	
	Mailing Address:	
	City, State, Zip	
	Attention of:	Phone/Fax Number:
	Email:	

Stock Contractor:
Address:
Attention of:

ADDITIONAL INSUREDS (other than MTHSRA & NHSRA) – County Fairgrounds must be listed as additional insureds

Name:
Address:
Above Additional Insured is the: Landowner, Sponsor, Rodeo Committee, Other:

Name:
Address:
Above Additional Insured is the: Landowner, Sponsor, Rodeo Committee, Other:

NAME OF RODEO:
NAME OF RODEO ARENA & EXACT ADDRESS:
NAME AND ADDRESS OF HOLDING PENS (if different from rodeo premises):
Date Committee will assume control of the scheduled rodeo premises to set up chutes, etc:
PERFORMANCE DATES: Total Number of Performances: SLACK DATES:
IS JUNIOR HIGH DIVISION PARTICIPATING IN THIS RODEO? YES NO
Estimated Number of Spectators per performance:
WILL ANY OTHER STATES BE PARTICIPATING IN TO YOUR RODEO? If so please list:

List all other ancillary events (dances, queen contest, cuttings, jackpot) including date and location if different from Rodeo: _____

Name of Requesting Party: _____
 Date: _____
 Phone number: _____
 Email: _____
 Title of Requesting Party: _____

RODEO APPROVAL FORM

Complete Form and Send To:

Lisa Lappe
MHSRA office
Po box 88
Dell MT 59724
406/925-2252 office
406/276-3782 fax
mhsra@3rivers.net email

√ Qualifying Rodeo

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

	DATE	START TIME (high school)	START TIME (junior high)
RODEO #1	_____	_____	_____
RODEO #2	_____	_____	_____

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

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**
 _____ No Stalls Available ******(committee: pick **only one** of these three options please)

STOCK CONTRACTOR Name _____

SPONSORING ORGANIZATION Name _____

- Office Use Only -

Card Date: _____

Entry Date: _____

Call Back Date: _____

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