

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: _____