

Complete Form and Send To:

MHSRA, State office
Po Box 88
Dell MT 59724
mhsra@drivers.net
Phone (406)925-2252
Fax (406)276-3782

CLINIC APPROVAL FORM

___ Qualifying Rodeo ___ District Rodeo X Clinic

Clinic Name Golliber Hollers 2018 Breakaway Roping
clinic

CLINIC DATES March 9, 10, 11

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

PERSON TO SUPERVISE Name Carole Hollers
Address 13334 Pleasant Valley Rd
Sturgis, SD, 57785
Phone 605-391-9702
Email carole.hollers@gmail.com

NEAREST HOSPITAL (all information must be filled in completely)
Name Belle Fourche Regional Medical Clinic
Address 2200 13th Ave Belle
Fourche, SD ~~57785~~ 57717
Phone 605-723-8970

STOCK CONTRACTOR Name Jerry Golliber

SPONSORING ORGANIZATION Golliber Arena

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.