Complete Form and Send To:

MHSRA State office
Po Box 88
Dell MT 59724
mhsra@3rivers.net
Phone (406)925-2252
Fax (406)276-3782

CLINIC APPROVAL FORM

___ Qualifying Rodeo ___ District Rodeo _X_ 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
(all information must be filled in completely)

Name _____

Address _____

_____

Phone _____

_____

STOCK CONTRACTOR Name _____

_____

SPONSORING ORGANIZATION _____

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.