

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 HUNTER HERRIN 2018 Rope to Win Clinic

CLINIC DATES EVERY WEEK JUNE THRU AUGUST
M-F EXCEPT JULY 4TH WEEKEND

** Arena Name or Street Address THE WARENA 2631 Hwy 120 Cody WY 82414
(must be filled in or MHSRA will not approve)

PERSON TO SUPERVISE Name Ben Williams
Address 2631 Hwy 120
Cody WY 82414
Phone 307 899 2857 OR 5031
Email Katie made tack wy @ yahoo . com
stamped trailers of Cody @ yahoo . com

NEAREST HOSPITAL
(all information must be filled in completely)
Name Cody Regional Health
Address 707 Sheridan Ave
Cody WY 82414
Phone 307 527 7501 ~~307 527 7501~~

STOCK CONTRACTOR Name We, the W Arena own the calves for the clinic

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.