

**CLINIC APPROVAL FORM**

Complete Form and Send To:  
MHSRA State office  
PO Box 264  
Roy, MT 59471  
Phone/Fax: (406) 464-2686  
Email: mhsra@mhsra.com

Qualifying Rodeo     District Rodeo     Clinic

Clinic Name Justin Warneke Working Cowhorse Clinic

CLINIC DATES March 2+3

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

**PERSON TO SUPERVISE**  
Name Justin Warneke  
Address 4000 Deal Ln  
Helena MT 59602  
Phone 406-202-3775  
Email kellyhranch@gmail.com

**NEAREST HOSPITAL**  
(all information must be filled in completely)  
Name ST Peter's Hospital  
Address 2475 E Broadway  
Phone 406-457-4180

**STOCK CONTRACTOR**  
Name John Hanson

**SPONSORING ORGANIZATION** Hanson 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.