

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 Lari Dee Guy & Hope Thompson
CLINIC DATES March 8, 9 & 10 Breakaway Clinic

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

PERSON TO SUPERVISE
Name Lari Dee Guy & Hope Thompson
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.