

**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 Travis Tryan Team Roping Clinic

CLINIC DATES April 13 & 14

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

PERSON TO SUPERVISE Name Travis Tryan

Address ~~2475 E Broadway~~ 4000 Deal Lane Helena MT

Kelly Hanson

Phone 406-202-3775

Email ~~Travis~~ kellyhranch@gmail.com

NEAREST HOSPITAL Name St Peters Hospital  
(all information must be filled in completely)

Address 2475 E Broadway  
Helena MT

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.