

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 Les Vogt preformance
Horse man ship

CLINIC DATES March 30/31
2019

**Arena Name or Street Address Fallon Co. Fairgrounds - Baker MT
(must be filled in or NHSRA will not approve)

PERSON TO SUPERVISE Name Tanya Candee
Address 35298 Cr 131
Fairview MT 59221
Phone 701.260.1847
Email tanya-peterson@hotmail.com

NEAREST HOSPITAL Name Fallon Medical Complex
(all information must be filled in completely)
Address 202 S 4th St W
Baker MT 59313
Phone 406.778.3331

STOCK CONTRACTOR Name NA

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.