

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 Judy Myllymaki Barrel Racing
Clinic

CLINIC DATES April 13/14
2019

**Arena Name or Street Address Thornton Arena 33663 Hwy 200
(must be filled in or NHSRA will not approve) Sidney MT 59270

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 Sidney Health Center
(all information must be filled in completely) Address 214 14 Ave SW
Sidney MT 59270
Phone 406. 488. 2510

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.