

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 Mike and SherryLynn Johnson Clinics

CLINIC DATES June 5,6,7 (Clinic #1)
June 12,13,14 (Clinic #2) TD, BA,GT

**Arena Name or Street Address The W Arena 2631 Hwy 120 Cody
(must be filled in or NHSRA will not approve)

PERSON TO SUPERVISE Name Ben & Kate Williams
Address 2631 Hwy 120
Cody WY 82414
Phone 307-899-2857 or 5031
Email Katiemadehackwy@yahoo.com

NEAREST HOSPITAL Name West Park Hospital
(all information must be filled in completely)
Address 707 Sheridan Ave
Cody WY 82414
Phone 307-527-7501

STOCK CONTRACTOR Name The W Arena

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.