

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 Brent Lewis TIE DOWN / BA CLINIC

CLINIC DATES JULY 10 11 12 ^{CLINIC #1} & JULY 24 25 26 ^{CLINIC #2}

**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 Katie.made.tack.wy@yahoo.com

NEAREST HOSPITAL (all information must be filled in completely) Name West Park Hospital
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.