

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 X Clinic

Clinic Name Ken Smith Pole Clinic

CLINIC DATES 11/16/19 11/17/19

**Arena Name or Street Address VL Arena 4350 Spain Bridge Rd Belgrade MT 59714
(must be filled in or NHSRA will not approve)

PERSON TO SUPERVISE

Name Amy Wining
Address 2815 Outlaw Ln
Belgrade MT 59714
Phone 406-600-2018
Email amy.wining@bhhsmt.com

NEAREST HOSPITAL

(all information must be filled in completely)

Name Bozeman Deaconess
Address 915 Highland Blvd
Bozeman MT 59715
Phone 406 414 5000

STOCK CONTRACTOR

Name N/A

SPONSORING ORGANIZATION

Bridge Mountain HS Rodeo Club

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.