

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 Sig Sky Steer Wrestling School

Housed by: Ty Ericson, Bridger Chambers, & Timmy Sparing

CLINIC DATES May 21, 22, 23

**Arena Name or Street Address Hooverstad Arena Helena, MT
(must be filled in or NHSRA will not approve)

PERSON TO SUPERVISE Name MARTIN MURPHY
Address 5180 S. 10 Dr.
Helena, MT 59602
Phone 406-670-9286
Email Martin.Murphy@GOLF.com

NEAREST HOSPITAL Name St. Peters Health
(all information must be filled in completely)
Address 2475 E. Broadway St.
Helena, MT 59601
Phone 406-442-2480

STOCK CONTRACTOR Name Red Eye Rodeo

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.