

## CUTTING/REINING APPROVAL FORM

Qualifying Cutting    Include Reining  yes     no  
Town Great Falls Clinic (Cutting / Cow Horse)

Complete Form and Send To:  
MHSRA State Office  
Laurie Harrell  
PO Box 264  
Roy, MT 59471  
Phone/Fax (406) 464-2686  
Email: mhsra@mhsra.com

CUTTING/REINING #1    DATE March 21- 2020    TIME one hour after rodeo performance  
CUTTING/REINING #2    30 minutes after first go

**\*\*Arena Name or Street Address** Great Falls Expo Park 400 3rd street NW Great Falls MT 59404  
(must be filled in or NHSRA will not approve)

**PERSON TO SUPERVISE**    Name Justin Warneke  
Address 100 sun loop Lane Great Falls MT 59404  
Phone 406 217 5609  
Email warnekehorses@gmail.com

**CUTTING SECRETARY**    Name Lorrel Heckman  
Address \_\_\_\_\_  
Phone 406 799 4998  
Email \_\_\_\_\_

**NEAREST HOSPITAL**    Name Benefis Health Care  
Address 1101 26th street S Great Falls MT 59405  
Phone 406 455 5000

**STALL INFORMATION**    Name & Phone \_\_\_\_\_  
(this information must be filled in when submitting this form)  
Fee \$ \_\_\_\_\_ per night per stall **OR** \$ \_\_\_\_\_ per stall for weekend **OR**  
       No Stalls Available    **\*\***(committee: pick **only one** of these three options please)

**STOCK CONTRACTOR**    Name Debruycker Quarter Horses  
**SPONSORING ORGANIZATION**    Name Wild West Arena

- Office Use Only -

Card Date \_\_\_\_\_  
Entry Date \_\_\_\_\_  
Call Back Date \_\_\_\_\_