

Complete Form and Send To:  
MUSKIE State office  
PO Box 264  
Dor, MT 59471  
Phone/Fax: (406) 464-2646  
Email: mborso@mtstate.com

CLINIC APPROVAL FORM

Qualifying Radio District Radio  Clinic   
Clinic Name Laci Dee Guy Hope Thompson  
CLINIC DATES March 13, 14 & 15

\*\*Area Name or Street Address 4000 Dent Ln Helena MT 59602

PERSON TO SUPERVISE

Name John Hanson Laci Dee Guy MT  
Address 4000 Dent Ln Helena MT  
Phone 406-9202-3775  
Email kellyhancher@gmail.com

NEAREST HOSPITAL  
(all applications must be filed in compliance)

Name ST Peter's Hospital  
Address 2475 E Broadway  
Phone 406-457-4180

STOCK CONTRACTOR

Name John Hanson

SPONSORING ORGANIZATION

John Hanson