N.H.S.R.A. RODEO ACTIVITIES - HIGH SCHOOL DIVISION

		STATE/PROVINCE	DISTRICT/REG	_ DISTRICT/REGION YEAR2022-23			
ACTIVITY NO.	DATE OF ACTIVITY	NAME OF ACTIVITY (INDICATE IF RODEO, SAFETY SEMINAR, INSTRUCTIONAL CLINIC AND EXACT LOCATION (INCLUDING CITY AND ARENA)	SPONSOR	l	SON TO SUPERVISE E, ADDRESS & PHONE)	AVAILABLE HOSPITAL (NAME AND ADDRESS)	EVENTS TO BE HELD
		Activity Name: Location: Activity Name:					
		Location:					
		Activity Name: Location:					
		Activity Name: Location:					
		Activity Name: Location:					
ACTIVITY REQUIREMENTS THE NATIONAL OFFICERS AND EXECUTIVE COMMITTEE OF THE N.H.S.R.A. HAVE ESTABLISHED AS A REQUIREMENT OF ALL MEMBER STATES THE PREPARATION OF THIS FORM IN ITS ENTIRETY EACH YEAR. SPECIFIC ACTIVITY DATES MUST BE LISTED RATHER THAN BROAD GENERAL DATINGS WHICH HAVE BEEN GIVEN OCCASIONALLY IN THE PAST IN THE CASE OF APPROVED ACTIVITIES. THE EXACT DATE, LOCATION (INCLUDING CITY AND ARENA) MUST BE LISTED FOR EACH ACTIVITY. EMERGENCY MEDICAL FACILITIES AND TRANSPORTATION WILL BE READILY AVAILABLE AT ALL HIGH SCHOOL RODEO APPROVED RODEOS, CLINICS, RODEO SCHOOLS AND PRACTICES.					AUTHORIZATION THE ACTIVITIES LISTED ABOVE ARE APPROVED FOR THE RODEO YEAR 9-1-2022 TO 9-1-2023 STATE/PROVINCE SECRETARY DATE NATIONAL DIRECTOR DATE NATIONAL OFFICE DATE		
clinics sh the Nati	nould reach yo onal Office no	ince Secretaries: To provide adequate time for processing: bur state's approving committee at least 60 days prior to the less than 30 days prior to the date of any activity listed here y activity listed hereon.	planned activity. (2) Ea	ch app	roved activity is to be re	ecorded on this form an	d mailed to
State	NA 12	retary - After authorization is completed, send completed ATIONAL HIGH SCHOOL RODEO ASSOCIATION, INC. 011 TEJON STREET, SUITE 900 ENVER, COLORADO 80234	d form to:			RETARY CONTACT INFOR	
	0.5				PHONE	EMAIL	_