

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

STATE/PROVINCE _____ DISTRICT/REGION _____ YEAR **2023-24**

ACTIVITY NO.	DATE OF ACTIVITY	NAME OF ACTIVITY (INDICATE IF RODEO, SAFETY SEMINAR, INSTRUCTIONAL CLINIC AND EXACT LOCATION (INCLUDING CITY AND ARENA))	SPONSOR	PERSON TO SUPERVISE (NAME, 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 9-1-2023 TO 9-1-2024

STATE/PROVINCE SECRETARY _____
DATE _____
NATIONAL DIRECTOR _____
DATE _____
NATIONAL OFFICE _____
DATE _____

Notice To State/Province Secretaries: To provide adequate time for processing: (1) Applications for approval of ALL activities, rodeos, safety seminars and instructional clinics should reach your state's approving committee **at least 60 days prior** to the planned activity. (2) Each approved activity is to be recorded on this form and mailed to the National Office **no less than 30 days prior** to the date of any activity listed hereon. A certificate of insurance should be sent to the National Office **no less than 30 days prior** to the date of any activity listed hereon.

State/Province Secretary - After authorization is completed, send completed form to:

NATIONAL HIGH SCHOOL RODEO ASSOCIATION, INC.
12011 TEJON STREET, SUITE 900
DENVER, COLORADO 80234

STATE/PROVINCE SECRETARY CONTACT INFORMATION:

PHONE _____

EMAIL _____