MANITOBA HIGH SCHOOL RODEO ASSOCIATION

LIGHT RIFLE SANCTION FORM

Name of EVENT:		**LOCATION:**	
Rodeo Sponsor or Committee Name:	Address:	Event Date(s)	
		Day 1: mm/dd/yyyy	Start Time:
		Day 2: mm/dd/yyyy	Start Time:

Event Coordinator	Address:	Email:	Phone
EMT:	Address:	Email:	Phone

Closest Hospital	Address:	Town:	Phone

Sanction Form, Payment & Proof of Insurance DUE 30 DAYS prior to Event!

MHSRA Secretary Box 419 Elkhorn, MB R0M 0N0 secretary@mhsra.ca 204-845-2574

Please make cheque payable to: Manitoba High School Rodeo Association (MHSRA)

MHSRA pays:

Range Fee
Ammunition
Judge

DATED the _____ day of _____ 20_____.
SIGNED: _____ Position:_____

By completing and signing this form you signify that your rodeo will abide by the NHSRA & MHSRA rules and regulations.

For Office Use Only	Pymnt Received	Insurance Doc	Date sent to Nationals
Date Received			