DISTRICT #_____
Sent By:_____
Phone: _____
Email:_____

2019-2020 HIGH SCHOOL RODEO APPROVAL FORM
CALIFORNIA HIGH SCHOOL RODEO ASSOCIATION
PO Box 279, Arroyo Grande, CA 93421 (805) 441-2121
Email: secretarychsra@gmail.com

APPROVALS MUST BE RECEIVED BY STATE SECRETARY 60 DAYS PRIOR TO EVENT

Check One: Rodeo:_____Clinic:_____ School: _____

Districts Sanctioning This Rodeo as a Points Rodeo:_____

Dates:_____ **List Alternate Rain Dates**:_____

Rodeo Secretary:_____ Phone: (____)_____

	Officer Responsible	Stock Contractor
Name		
Street Address		
City, Zip		
Phone		

(**Must be a CHSRA Associate Member and be on grounds the entire time of event.**)

*****THE INFORMATION BELOW MUST BE FILLED OUT COMPLETELY*****

****required****	Arena/Location	Nearest Hospital
Name		
Street Address		
City, Zip		

Name of Ambulance Service on grounds:_____
Must be ALS rated Ambulance service per CHSRA Policy Manual! (unless prior approval from the National Director)

Attention: All Sanctioned rodeos must have proof of coverage!. A Certificate of Insurance MUST be on file with the NHSRA Office 30 days prior to the event. Please make sure your Treasurer has these dates on file with Western Specialty Insurance and has gone online to have a Certificate of Insurance sent to the location of the rodeo.

List of Events: (Check Applicable)

_____	Bareback	_____	Barrel Racing	_____ Queen
_____	Saddle Bronc	_____	Pole Bending	Contest
_____	Bull Riding	_____	Goat Tying	
_____	Tie Down	_____	Breakaway Roping	
_____	Steer Wrestling	_____	Cutting (Boys & Girls)	
_____	Team Roping	_____	Reining Cow Horse (Mixed)	

- **Original Application to State, copy to be kept in District Files.**
- ***Application must be received by CHSRA State Secretary 60 days prior to event*.**

OFFICE USE ONLY Activity No._____