

# South Dakota High School Rodeo Association, Inc.



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Ann Sundermann  
Secretary  
P O Box 303  
Baltic, SD 57003  
(605) 529-5868

## 2008 APPLICATION FOR CERTIFICATE OF APPROVAL FOR SANCTIONED HIGH SCHOOL RODEO ACTIVITY

Sanctioned High School Rodeo location: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Performance Start Time: \_\_\_\_\_

Sponsored by: \_\_\_\_\_

Check one: **Practice Rodeo** \_\_\_\_\_ **Regional Rodeo** \_\_\_\_\_ **Practice Sessions** \_\_\_\_\_

Check only those events to be included:

Bareback Riding       Saddle Bronc Riding       Bull Riding  
 Calf Roping       Steer Wrestling       Team Roping  
 Barrel Racing       Pole Bending       Goat Tying  
 Breakaway Roping       Cutting (boys)       Cutting (girls)  
 Queen Contest

Will number of contestants be limited? Yes \_\_\_ No \_\_\_

Give details of limitation: How many and which events: \_\_\_\_\_

Entry fees per event? \_\_\_\_\_ Entry deadline? \_\_\_\_\_

How many go-rounds? \_\_\_\_\_ Jackpot? \_\_\_ Yes \_\_\_ No Jackpot Fee/event: \_\_\_\_\_

Standard entry form for practice rodeo? \_\_\_ Yes \_\_\_ No

To whom are the entries to be mailed? Give full name and address: \_\_\_\_\_

We, the undersigned understand the above mentioned Sanctioned High School Rodeo Activity must be approved by the South Dakota High School Rodeo Association, Inc., in order for the contestants to be covered by the National High School Rodeo Association Accident Insurance while participating in the rodeo activity, and we agree to abide by the following rules:

1. All contestants entered in the Activity must have a current NHSRA membership card.
2. Activity may be jackpotted, with the maximum jackpot entry to be \$10/event. Participation in the jackpot will not be mandatory to contestant.
3. No alcoholic beverages will be allowed on the grounds.
4. Compliance with AHA agreement with PRCA-skid ready at arena-veterinary service available-first aid at arena.
5. Rules set forth by the NHSRA and SDHSRA.
- 6. Rodeo liability insurance.**
- 7. All rules in rulebook will be enforced.**

Print name: \_\_\_\_\_ Address: \_\_\_\_\_

Authorized adult in charge of rodeo

Signature name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_ Hospital Address: \_\_\_\_\_

REGIONAL SDHSRA DIRECTOR SIGNATURE: \_\_\_\_\_

Send this completed form to your regional director who will then forward it to the state office for approval. Please send a copy to Ann Sundermann PO BOX 303 Baltic, SD 57003.

**Deadline: December 15, 2007**

**Regional fee of \$250 to be enclosed with the application. (For regional rodeos only)**

### Student Representatives

Dane Kissack  
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19460 Creekside Loop  
Spearfish, SD 57783

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Student Vice President  
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Harrold, SD 57536

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Student Secretary  
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Queen  
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