

**2010 APPLICATION FOR CERTIFICATE OF APPROVAL FOR SANCTIONED
HIGH SCHOOL RODEO ACTIVITY**

Sanctioned High School Rodeo Location _____

Date of Activity _____ Performance start time _____

Sponsoring Organization _____

Circle one: Practice Rodeo Regional Rodeo Practice Sessions

Check only those events to be included:

- | | | |
|---|--|--|
| <input type="checkbox"/> Bareback Riding | <input type="checkbox"/> Saddle Bronc Riding | <input type="checkbox"/> Bull Riding |
| <input type="checkbox"/> Calf Roping | <input type="checkbox"/> Steer Wrestling | <input type="checkbox"/> Team Roping |
| <input type="checkbox"/> Barrel Racing | <input type="checkbox"/> Pole Bending | <input type="checkbox"/> Goat Tying |
| <input type="checkbox"/> Breakaway Roping | <input type="checkbox"/> Cutting (boys) | <input type="checkbox"/> Cutting (girls) |
| <input type="checkbox"/> Queen Contest | | |

Will number of contestants be limited? Yes ___ No ___

Details of limitations: How many and which events _____

Entry Fee cost per event _____ Entry deadline date _____

How many go rounds? _____ Jackpot? ___yes ___no

Jackpot fee per event _____

Standard entry form for practice rodeo? ___yes ___no

Mail entries to: _____

Name _____ Street _____

City _____ State _____ Zip _____ Email _____

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.**

Authorized adult in charge of rodeo (print name) _____

Signature _____ Address _____

City _____ State _____ Zip _____ email _____

Phone number _____

Name of nearest hospital _____

Hospital address _____

REGIONAL SDHSRA DIRECTOR SIGNATURE _____

DATE _____

Send this completed form to: Ann Sundermann, PO Box 303, Baltic, SD 57003

Deadline is December 15, 2010

Regional fee of \$250.00 to be enclosed with application (for regional rodeos only)