

**2017-2018 APPLICATION FOR CERTIFICATE OF APPROVAL FOR SANCTIONED
HIGH SCHOOL RODEO ACTIVITY**

Sanctioned High School Rodeo Location _____
Date of Activity _____ Performance start time (each day) _____
Sponsoring Organization _____
Check one: ___ Practice Rodeo ___ Regional Rodeo

Check only those events to be included:

___ Bareback Riding	___ Cutting (boys)	___ Saddle Bronc Riding
___ Barrel Racing	___ Cutting (girls)	___ Shooting Contest
___ Breakaway Roping	___ Goat Tying	___ Steer Wrestling
___ Bull Riding	___ Pole Bending	___ Team Roping
___ Reined Cow Horse	___ Queen Contest	___ Tie Down Roping

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 ___ (if no, you must include entry form)

Mail entries to: _____

Name _____ Address _____
City _____ State _____ Zip _____ Email _____ Cell# _____

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. Participation in the jackpot will not be mandatory to contestant.
3. No alcoholic beverages will be allowed on the grounds.
4. 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 and in SD ground rules will be enforced.

Authorized adult in charge of rodeo (print name) _____
Signature _____ Address _____
City _____ State _____ Zip _____ email _____ Cell# _____
Name of nearest hospital _____
Hospital address _____

REGIONAL SDHSRA DIRECTOR SIGNATURE _____
(If not convenient for you to obtain, the State Secretary will get this signature for you)

DATE _____

Send this completed form to: SDHSRA: Ann Sundermann PO Box 303 Baltic, SD 57003
Deadline is December 15, 2017
Regional fee of \$250.00 to be enclosed with application (for regional rodeos only)

All information must be complete – DO NOT print "same as last year" or your application may be rejected.
***What you type for times of the events will go on the NHSRA approval forms and schedule. Regional Rodeos need to submit a detailed schedule of events.