

**2019-2020 ACTIVITY APPROVAL APPLICATION FOR A SANCTIONED  
SOUTH DAKOTA 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:

<input type="checkbox"/> Bareback Riding	<input type="checkbox"/> Cutting (boys)	<input type="checkbox"/> Saddle Bronc Riding
<input type="checkbox"/> Barrel Racing	<input type="checkbox"/> Cutting (girls)	<input type="checkbox"/> Shooting Contest
<input type="checkbox"/> Breakaway Roping	<input type="checkbox"/> Goat Tying	<input type="checkbox"/> Steer Wrestling
<input type="checkbox"/> Bull Riding	<input type="checkbox"/> Pole Bending	<input type="checkbox"/> Team Roping
<input type="checkbox"/> Reined Cow Horse	<input type="checkbox"/> Queen Contest	<input type="checkbox"/> 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 \_\_\_\_\_

Use Standard Entry Form for practice rodeo? Yes \_\_\_ No \_\_\_ (if no, you must include entry form)

**Mail entries to:**

Name \_\_\_\_\_ Street \_\_\_\_\_ Cell # \_\_\_\_\_

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 & have completed SDHSRA membership requirements.
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 Phone number \_\_\_\_\_

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 \_\_\_\_\_

Mail/Email this completed form to: SDHSRA: Ann Sundermann PO Box 303 Baltic, SD 57003

**Deadline is December 15, 2019**

**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, and the schedule information will be incorrect.