

**2023-2024 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"/> Steer Wrestling |
| <input type="checkbox"/> Breakaway Roping | <input type="checkbox"/> Goat Tying | <input type="checkbox"/> Team Roping |
| <input type="checkbox"/> Bull Riding | <input type="checkbox"/> Pole Bending | <input type="checkbox"/> Tie Down Roping |
| <input type="checkbox"/> Reined Cow Horse | | |

Will number of contestants be limited? Yes ___ No ___

Details of limitations: How many and which events _____

Entry Fee cost per event if Practice Rodeo _____ Entry Deadline Date _____

How many go-rounds? _____

Additional Jackpot? Yes ___ No ___

Jackpot fee per event _____

Use Standard Entry Form for practice rodeo? Yes ___ No ___

- if no, you must include entry form when submitting this form

On-line, Mail, email or call-in entries? _____

Regional Rodeo Entries will be completed on-line

If Mail in entries are taken, 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., 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.

As the person in charge of this rodeo, I am signing to indicate the above requirements are met:

Signature Name _____ Date _____ Cell# _____

***failure to abide and enforce the above listed items may result in the rodeo not being approved for the coming year and may include other repercussions administered by the SDHSRA/NHSRA Board of Directors. **INITIALS** _____

Authorized adult in charge of rodeo
(print name) _____

Address _____

City _____ State _____ Zip _____ email _____

Cell Phone number _____

Name of nearest Hospital _____

Address of nearest hospital _____

REGIONAL SDHSRA DIRECTOR SIGNATURE

(If not convenient for you to obtain, the State Secretary will get this signature for you)

DATE _____

Email this completed form, with all information, 2 Signatures and 1 Initialed item complete, to:
SDHSRA: Ann Sundermann at office@sdhsra.com by *December 15, 2023*.

Deadline is December 15, 2023

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.

The schedule and published information is taken from this form, be sure your dates, times and costs are accurate.