



**2025-2026 SDHSRA
ACTIVITY APPROVAL APPLICATION
PRACTICE and REGIONAL RODEOS**



Rodeo Location: _____ **Practice Rodeo** _____ **Regional Rodeo** _____

Date(s): _____ **Performance Times:** _____

Sponsoring Organization: _____

Entry Deadline: _____ **# of Go-Rounds:** _____

Additional Jackpot? _____ **Yes** _____ **No** _____ **Additional Jackpot Fees:** _____

Will entries be limited? _____ **Yes** _____ **No** _____

If you check "yes", which events and how many:

Which Events Will Be Included/Entry Fees (if Practice Rodeo)?

_____ **Bareback Riding/\$** _____

_____ **Barrel Racing/\$** _____

_____ **Saddle Bronc Riding/\$** _____

_____ **Team Roping/\$** _____

_____ **Breakaway Roping/\$** _____

_____ **Bull Riding/\$** _____

_____ **Reined Cow Horse/\$** _____

_____ **Goat Tying/\$** _____

_____ **Steer Wrestling/\$** _____

_____ **Pole Bending/\$** _____

_____ **Tie Down Roping/\$** _____

_____ **Girls Cutting/\$** _____

_____ **Boys Cutting/\$** _____

Entries Taken: _____ **Online** _____ **Email** _____ **Mail In** _____ **Call In** _____

Attach entry form if NOT using Online Entries – Standard Entry Form available at sdhsra.com

All Regional Entries Taken Online

Payment for Fees through: _____ **Vemo @** _____

_____ **PayPal @** _____

_____ **Check**

The information for the schedule is taken directly from this form, so make sure your dates, times, fees and location are all correct.

If mailing entries in, to whom?

Name: _____

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

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

1. All contestants must have a current NHSRA membership card & have completed all SDHSRA membership requirements to compete.
2. Although Activity may be jackpotted, participation in Jackpot is strictly voluntary.
3. No alcoholic beverages will be allowed on the grounds.
4. Veterinary service available.
5. Rules set forth by the NHSRA and SDHSRA must be followed.
6. Proof of valid rodeo liability insurance must be filed with the SDHSRA Office.
7. All rules in rulebook and in SD ground rules will be enforced.

Rodeo Chairperson

Name: _____

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

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

_____	_____	_____
Signature	Date	Cell Phone

Failure to abide and enforce the above listed rules 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.

Nearest Hospital: _____

Hospital Address: _____

Email this completed form, with all information, signature and \$250 Fee (for Regional Rodeos only) to:
Amy Johnson SDHSRA Secretary @ sdhsra605@gmail.com by **December 15, 2025.**

Please include entry form if using one.

Activities will be reviewed and approved at the SDHSRA Winter Director's Meeting on January 31, 2026.