

# **BCHSRA SANCTION FORM – High School Rodeos**

NAME OF RODEO: \_\_\_\_\_

LOCATION OF RODEO: \_\_\_\_\_

DIRECTIONS: \_\_\_\_\_

RODEO DATES: \_\_\_\_\_ START TIMES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

QUEEN EVENT Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_  
CUTTING EVENT Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_  
*(Cutting Event is optional and may also be held separately but in conjunction with your rodeo.)*

SPECIAL NOTES: \_\_\_\_\_

COMMITTEE CONTACT PERSON: \_\_\_\_\_  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

CO-APPROVAL REQUEST: North \_\_\_\_\_ South \_\_\_\_\_ AB Dist. #3 \_\_\_\_\_

EMERGENCY MEDICAL FACILITIES ON SITE: Yes \_\_\_\_\_ No \_\_\_\_\_  
# OF EMERGENCY FIRST AID PEOPLE AT RODEO: # \_\_\_\_\_ First Aid Cert. Level \_\_\_\_\_  
NAME OF CLOSEST HOSPITAL: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_  
*(Must provide proof of \$2 Million Liability Insurance, to be attached to this Approval Form)*

ROUGH STOCK CONTRACTOR: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
TIMED EVENT CONTRACTOR: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

<u>BOYS EVENTS:</u>	<u>FEES:</u>	<u>GIRLS EVENTS:</u>	<u>FEES:</u>
Calf Roping	_____	Barrel Racing	_____
Steer Wrestling	_____	Pole Bending	_____
Bull Riding	_____	Breakaway Roping	_____
Bareback Riding	_____	Goat Tying	_____
Saddle Bronc Riding	_____	Queen Event	_____
Cutting	_____	Cutting	_____
Team Roping	_____ each (open to boys AND girls)		

BC SANCTIONING FEE @ \$200 per day TOTAL: \$ \_\_\_\_\_

REGIONAL ADULT DIRECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE FAX THIS FORM TO BCHSRA SECRETARY @ 250 – 337 – 5987  
Please also mail this Approval form and fees to: Box 351, Merville, BC, V0R 2M0  
*(Upon approval of this rodeo, this form will be returned to your rodeo committee)*

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FOR BCHSRA OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

DATE RETURNED TO COMMITTEE: \_\_\_\_\_