

BCHSRA SANCTION FORM – Junior Division Rodeos

NAME OF RODEO: _____

LOCATION OF RODEO: _____

RODEO DATES: _____ START TIMES: _____

NOTES: _____

COMMITTEE CONTACT PERSON: _____
PHONE: _____ CELL: _____
EMAIL: _____ FAX: _____

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

EMERGENCY MEDICAL FACILITIES ON SITE: Yes _____ No _____
EMERGENCY FIRST AID PEOPLE AT RODEO: Yes _____ No _____

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: _____
Junior Bulls Supplied _____ OR Junior Steers Supplied _____

TIMED EVENT CONTRACTOR: _____
PHONE: _____ FAX: _____

<u>BOYS EVENTS:</u>	<u>FEES:</u>	<u>GIRLS EVENTS:</u>	<u>FEES:</u>
Calf Roping	_____	Barrel Racing	_____
Chute Dogging	_____	Pole Bending	_____
Goat Tying	_____	Breakaway Roping	_____
Breakaway Roping	_____	Goat Tying	_____
Jr. Bull/Steer Riding	_____		
Team Roping	_____ each (open to boys AND girls)		
Ribbon Roping	_____ each (one boy and one girl per team)		

SANCTION FEE @ \$100 per day TOTAL: \$ _____

REGIONAL ADULT DIRECTOR SIGNATURE: _____ DATE: _____

PLEASE FAX THIS FORM TO BCHSRA SECRETARY @ 250 – 337 – 5987
(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: _____