

**HIGH SCHOOL RODEOS OF BRITISH COLUMBIA**Email Sanction Approval form to:
hsrofbcsecretary@gmail.com
Phone 250-263-5629

BCHSRA SANCTION FORM **HIGH SCHOOL DIVISION**

NAME OF RODEO

LOCATION (PHYSICAL ADDRESS)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATES AND START TIMES

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OPTIONAL EVENTS: MAY ALSO BE HELD SEPARATELY BUT IN CONJUCTION WITH YOUR RODEO

PLEASE SPECIFY YES OR NO AND INCLUDE DETAILS SUCH AS DATE, START TIME, LOCATION IF DIFFERENT

CUTTING & REINED COW HORSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHOOTING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QUEEN EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL INFO ie: STALLING, CAMPING, FUNDRAISERS, ACTIVITIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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COMMITTEE CONTACT(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE/EMAIL

 CIRCLE ONE: COAPPROVAL

 NORTH SOUTH

EMERGENCY MEDICAL FACILITIES ON SITE: YES OR NO TRANSPORTATION: YES OR NO

NUMBER OF EMERGENCY FIRST AID PEOPLE AT RODEO/ FIRST AID CERT.LEVEL

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME & ADDRESS OF CLOSEST HOSPITAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| --- | --- | --- | --- |
| **BOYS EVENTS** | **FEES** | **GIRLS EVENTS** | **FEES** |
| TIE DOWN ROPING |  | BARREL RACING |  |
| STEER WRESTLING |  | POLE BENDING |  |
| BULL RIDING |  | BREAKAWAY ROPING |  |
| BAREBACK RIDING |  | GOAT TYING |  |
| SADDLE BRONC  |  | QUEEN EVENT |  |
| **OPEN EVENTS** |  |  |  |
| TEAM ROPING |  | PARTNER/HEAD OR HEEL |  |
| SMALL BORE |  |  |  |
| TRAP SHOOT |  |  |  |
| CUTTING |  |  |  |
| REIGNED COW HORSE |  |  |  |

**REGIONAL DIRECTOR SIGNATURE AND DATE**

**BC SANCTIONING FEE @ $200 PER DAY TO BE PAID BY COMMITTEE**

**PLEASE SCAN ANDEMAIL THIS FORM TO THE BCHSRA SECRETARY NO LESS THAN 60 DAYS PRIOR TO YOUR RODEO DATES, UPON APPROVAL IT WILL BE RETURNED TO COMMITTEE. \*\*\* PLEASE SCAN – NO PICTURES \*\*\***

**AMMENDMENTS WILL ONLY BE ACCEPTED UP TO 30 DAYS PRIOR TO EVENT, UNLESS CIRCUMSTANCE BEYOND CONTROL**

hsrofbesecretary@gmail.com

**HRS OF BC OFFICE USE ONLY**:
DATE RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
DATE TO DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
DATE APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
DATE TO ADMIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
DATE TO COMMITTEE:\_\_\_\_\_\_\_\_\_\_\_\_\_
DATE TO WEBSITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_