

## Missouri High School Rodeo, Inc. Qualifying Rodeo Bid

Send completed bid to:

MHSR State Secretary
13021 Mount Carmel Road, Eugene, MO 65032
573-230-6259
mhsr.secretary@gmail.com

## Due to office January 31, 2024

## 1. Sponsoring Organization Information

| Organization Name:      |           |      |  |
|-------------------------|-----------|------|--|
| (as it should appear on |           |      |  |
| insurance)              |           |      |  |
|                         |           |      |  |
| Mailing Address:        |           |      |  |
| Street or PO Box:       |           |      |  |
|                         |           |      |  |
| City:                   | State: MO | Zip: |  |
|                         |           |      |  |
| Contact Person:         |           |      |  |
|                         |           |      |  |
| Contact Phone #:        |           |      |  |
| Contact Email:          |           |      |  |
| Contact Linan.          |           |      |  |
| Alternate Contact:      |           |      |  |
|                         |           |      |  |
| Alternate Phone #:      |           |      |  |



3.

4.

| Address:  Street:  City: State: MO Zip:  Directions:  tock Contractor Information:  Name:  Address:  Street:  City: State: MO Zip:  Comments:  dditional Stock Contractor:  Name:  Address:  Street:  City: State: MO Zip:  Comments:  dditional Stock Contractor:  Name:  Address:  Street:  City: State: MO Zip:  Comments:  Identify: State: MO Zip:  Comments:  Street:  City: State: MO Zip:  Comments:  Identify: State: MO Zip:  Comments:  Street:  City: State: MO Zip:  Comments:  Street:  Street or PO Box:   | Arena Information: (mu      | st have both address  | & directions for ins | urance p |
|---|-----------------------------|-----------------------|----------------------|----------|
| Street:  City: State: MO Zip:  Directions:  tock Contractor Information:  Name:  Address:  Street:  City: State: MO Zip:  Comments:  udditional Stock Contractor:  Name:  Address:  Street:  City: State: MO Zip:  Comments:  Udditional Stock Contractor:  Name:  Address:  Street:  City: State: MO Zip:  Comments:  Street:  City: State: MO Zip:  Comments:   | Arena Name:                 |                       |                      |          |
| City: State: MO Zip:  Directions:  tock Contractor Information:  Name: Address: Street: City: State: MO Zip: Comments:  dditional Stock Contractor:  Name: Address: Street: City: State: MO Zip: Comments:  Indicate the state of | Address:                    |                       |                      |          |
| tock Contractor Information:  Name: Address: Street: City: State: MO Zip: Comments:  Additional Stock Contractor:  Name: Address: Street: City: State: MO Zip: Comments:  Address: Street: City: State: MO Zip: Comments:  Street: City: State: MO Zip: Comments:  Iame and address of closest Hospital: (Must have for insurance purpos Name: Street or PO Box:  | Street:                     |                       |                      |          |
| tock Contractor Information:  Name: Address: Street: City: State: MO Zip: Comments:  Additional Stock Contractor:  Name: Address: Street: City: State: MO Zip: Comments:  Address: Street: City: State: MO Zip: Comments:  Street: City: State: MO Zip: Comments:  Iame and address of closest Hospital: (Must have for insurance purpos Name: Street or PO Box:  | City:                       | State: MO             | Zip:                 |          |
| Name:  Address:  Street:  City: State: MO Zip:  Comments:  Additional Stock Contractor:  Name:  Address:  Street:  City: State: MO Zip:  Comments:  Iame and address of closest Hospital: (Must have for insurance purpos  Name:  Street or PO Box:   | Directions:                 |                       | r                    |          |
| Name:  Address:  Street:  City: State: MO Zip:  Comments:  Additional Stock Contractor:  Name:  Address:  Street:  City: State: MO Zip:  Comments:  Iame and address of closest Hospital: (Must have for insurance purpos  Name:  Street or PO Box:   | the de Combination less and |                       |                      |          |
| Address:  Street:  City: State: MO Zip: Comments:  Additional Stock Contractor:  Name:  Address:  Street:  City: State: MO Zip:  Comments:  Iame and address of closest Hospital: (Must have for insurance purpos Name:  Street or PO Box:  |                             | nation:               |                      |          |
| City: State: MO Zip:  Comments:  Additional Stock Contractor:  Name:  Address:  Street:  City: State: MO Zip:  Comments:  Jame and address of closest Hospital: (Must have for insurance purpos  Name:  Street or PO Box:   | Address:                    |                       |                      |          |
| Comments:  Additional Stock Contractor:  Name:  Address:  Street:  City: State: MO Zip:  Comments:  Iame and address of closest Hospital: (Must have for insurance purpos  Name:  Street or PO Box:   | Street:                     |                       |                      |          |
| Address:  Street:  City: State: MO Zip:  Comments:  Jame and address of closest Hospital: (Must have for insurance purpos  Name:  Street or PO Box:   | City:                       | State: MO             | Zip:                 |          |
| Name:  Address:  Street:  City: State: MO Zip: Comments:  Iame and address of closest Hospital: (Must have for insurance purpos  Name:  Street or PO Box:   | Comments:                   |                       |                      |          |
| Address:  Street:  City: State: MO Zip:  Comments:  Jame and address of closest Hospital: (Must have for insurance purpos  Name:  Street or PO Box:   | Additional Stock Contra     | ctor:                 |                      |          |
| Street:  City: State: MO Zip: Comments:  Jame and address of closest Hospital: (Must have for insurance purpos  Name:  Street or PO Box:  | Name:                       |                       |                      |          |
| City: State: MO Zip: Comments:  Jame and address of closest Hospital: (Must have for insurance purpos  Name:  Street or PO Box:   | Address:                    |                       |                      |          |
| Comments:  Iame and address of closest Hospital: (Must have for insurance purpos  Name:  Street or PO Box:  | Street:                     |                       |                      |          |
| lame and address of closest Hospital: (Must have for insurance purpos  Name:  Street or PO Box:   | City:                       | State: MO             | Zip:                 |          |
| Name: Street or PO Box:   | Comments:                   |                       |                      |          |
| Name: Street or PO Box:   |                             |                       |                      |          |
| Street or PO Box:   | Name and address of clo     | osest Hospital: (Must | : have for insurance | purpose  |
|   | Name:                       |                       |                      |          |
| City: State: Zip:   | Street or PO Box:           |                       |                      |          |
|   | City:                       | State:                | Zip:                 |          |



| 5. | Rodeo Dates: S          | eason is <u>August 24, 202</u><br>Please see no    |                                       | <u>, 2025</u>       |                        |
|----|-------------------------|--|---------------------------------------|---------------------|------------------------|
|    | Fall 2024               | (i lease see no                                    | te below)                             |                     |                        |
|    |                         |  |                                       |                     |                        |
|    | 1 <sup>st</sup> Choice: | 2 <sup>n</sup>                                     | d Choice:                             |                     |                        |
|    | 3 <sup>rd</sup> Choice: | 4 <sup>th</sup>                                    | Choice:                               |                     |                        |
|    | Comment:                |  |                                       |                     |                        |
|    |                         |  |                                       |                     |                        |
|    |                         |  |                                       |                     |                        |
|    | Spring 2025             |  |                                       |                     |                        |
|    | 1 <sup>st</sup> Choice: | <b>2</b> n   | <sup>d</sup> Choice:                  |                     |                        |
|    |                         |  |                                       |                     |                        |
|    | 3 <sup>rd</sup> Choice: | 4tr  | Choice:                               |                     |                        |
|    | Comment:                | _  |                                       |                     |                        |
|    | Note: All dates         | will be considered, but                            | dates that we wou                     | ıld recommend y     | you avoid are:         |
|    |                         |  |                                       | ala recommena y     | you avoid are.         |
|    | •                       | kend (Aug. 31 – Sept. 2<br>morial Roping (Sept. 20 | •                                     |                     |                        |
|    | NEO Alumni/Re           | ecruiting Rodeo (Nov. 23                           | · · · · · · · · · · · · · · · · · · · |                     |                        |
|    | Easter Weeken           | d (April 20, 2025)                                 |                                       |                     |                        |
| 6. | Times of perfor         | rmances:   |                                       |                     |                        |
|    | MHSR's "prefer          | red schedule" is to star                           | t the first rodeo Sa                  | aturday at 10:00    | am with the second     |
|    |                         | g 30 minutes after. On S                           |                                       |                     |                        |
|    | -                       | g 30 minutes after. We estants through in an o     |                                       |                     | •                      |
|    | •                       | vn schedule, please mal                            |                                       |                     | , ii you would like to |
|    | Select one:             | MHSR Preferre                                      | d                                     | Choose your own s   | schedule               |
|    |                         | Schedule   |                                       |                     |                        |
|    | If you chose Mi         | HSR Preferred Schedule                             | nlease skin to #5                     |                     |                        |
|    | •                       |  |                                       |                     |                        |
|    | •                       | choose your own sched                              | iule, please enter y                  | our choices beit    | JW:                    |
|    | Saturday rodeo          | <b>)</b> :   |                                       |                     |                        |
|    | Split                   |  | Together                              |                     |                        |
|    | High Scho               | ool Division 1 <sup>st</sup>                       | Jr. High Divis                        | ion 1 <sup>st</sup> |                        |
|    |                         |  |                                       |                     |                        |



|    | HS Slack start tir                                  | me:(if applicable | <u> </u>     |                  |                   |                   |            |
|----|---|-------------------|--------------|------------------|-------------------|-------------------|------------|
|    | HS Pe   | erformance time   | e:           |                  |                   |                   |            |
|    | Jr. High Pe   | erformance time   | e:           |                  |                   |                   |            |
|    | Sunday rodeo:                                       |                   |              |                  |                   |                   |            |
|    | Split   |                   |              | Together         |                   |                   |            |
|    | High School Division                                | ı 1 <sup>st</sup> |              | Jr. High Divisio | n 1 <sup>st</sup> |                   |            |
|    | HS Po   | erformance time   | e:           |                  |                   |                   |            |
|    | Jr. High Po   | erformance time   |              |                  |                   |                   |            |
|    |   |                   |              |                  |                   |                   |            |
|    |   |                   |              |                  |                   |                   |            |
| 7. | Contestant Arrival Time                             | /Gates Oper       | n:           |                  |                   |                   |            |
|    | Please state if there is a do not arrive before 2:0 |                   | -            | do not want t    | railers to        | arrive before. (i | .e. Please |
| 8. | Amenities:  |                   |              |                  |                   |                   |            |
|    | Concessions: (select all t                          | hat apply)        |              |                  |                   |                   |            |
|    | Concessions will be open for:                       | Breakf            | ast          | Lunch            |                   | Dinner            |            |
|    | Stalls:   |                   |              |                  | -                 |                   |            |
|    | # of Stalls:  |                   | Stall price: | \$               |                   |                   |            |
|    | Reservations required?                              | Yes               |              | No               |                   |                   |            |
|    | Shavings included:                                  | Yes               |              | No               |                   |                   |            |
|    | Outside shavings allowed:                           | Yes               |              | No               |                   |                   |            |
|    | Shavings - price/bag:                               | \$                |              |                  |                   |                   |            |
|    | Reservation Phone #:                                |                   |              |                  |                   |                   |            |
|    |   |                   |              |                  |                   |                   |            |



9.

| Camping/RV:  |            |        |      |      |  |
|--|------------|--------|------|------|--|
| # Camping/RV hookups:                                |            | Price: | \$   |      |  |
| Reservations required?                               | Yes        |        | No   |      |  |
| Reservation Phone #:                                 |            |        |      |      |  |
| Showers:   |            |        |      |      |  |
| Showers on-site:                                     | Yes        |        | No   |      |  |
| ATV/UTVs   |            |        |      |      |  |
| Allowed?   | Yes        |        | No   |      |  |
| Hotels: (please list clos                            | e options) |        |      |      |  |
| Street City:   | Stat       | e: MO  | Zip: |      |  |
| Name:  |            |        |      |      |  |
| Street:  |            |        |      |      |  |
| City:  | Stat       | e: MO  | Zip: |      |  |
| Special Activities plans<br>If you do not wish to he |            |        |      |      |  |
|  |            |        |      |      |  |
|  |            |        |      | <br> |  |



| iate Fee Amount:   |                        |          |          |                      |        |          |        |  |
|--|------------------------|----------|----------|----------------------|--------|----------|--------|--|
|  |                        |          | 1        |                      |        |          |        |  |
| Adult admission:   | \$                     | /day     |          |                      |        |          |        |  |
| Noncompeting children:   | \$                     | /day     |          |                      |        |          |        |  |
|  |                        |          |          |                      |        |          |        |  |
|  |                        |          | J        |                      |        |          |        |  |
|  |                        |          | 1        |                      |        |          |        |  |
| New Facilities ONLY  |                        |          | 1        |                      |        |          |        |  |
|  |                        |          | J        |                      |        |          |        |  |
| **If you have not hoste  |                        |          |          |                      |        | -        |        |  |
| **If you have not hoste  | lude inform            | nation a | bout you | ır arena             | and pl | notos if |        |  |
| **If you have not hoste  | lude inform            | nation a | bout you | ır arena             | and pl | notos if |        |  |
| **If you have not hoste  | lude inform            | nation a | bout you | ır arena             | and pl | notos if |        |  |
| **If you have not hoste  | lude inform            | nation a | bout you | ır arena             | and pl | notos if |        |  |
| **If you have not hoste<br>nosted MHSR. Please included<br>nelp our board when the<br>Arena dimensions:                                | lude informey make the | nation a | bout you | r arena<br>ons for t | and pl | notos if |        |  |
| **If you have not hoste<br>nosted MHSR. Please included<br>nelp our board when the<br>Arena dimensions:                                | lude inform            | nation a | bout you | ır arena             | and pl | notos if |        |  |
| **If you have not hoste<br>nosted MHSR. Please included<br>nelp our board when the<br>Arena dimensions:                                | lude informey make the | nation a | bout you | r arena<br>ons for t | and pl | notos if | you wi |  |
| **If you have not hoste osted MHSR. Please included a pour board when the Arena dimensions:  Arena footing:  Gate:                     | lude informey make the | nation a | bout you | ons for t            | and pl | notos if | you wi |  |
| **If you have not hoste costed MHSR. Please included pour board when the Arena dimensions:  Arena footing:  Gate:  Warm up arena/area: | Sand                   | nation a | bout you | Dirt                 | and pl | notos if | you wi |  |
| **If you have not hoste<br>nosted MHSR. Please included<br>nelp our board when the<br>Arena dimensions:                                | Sand                   | nation a | bout you | Dirt                 | and pl | notos if | you wi |  |

**Church:** MHSR will bring a rodeo chaplain to provide church services before Sunday's performance unless the committee wishes to provide their own. We need to know in advance.

**Gate Passes**: The sponsoring organization must provide free access for: National Director, HS president, JH chairperson, rodeo secretary, state secretary/treasurer, rodeo chaplain and staff, band, etc.

**Sponsoring Organization's Compensation**: The sponsoring organization may charge a gate fee, stall fee, camping/electrical fee and offer concessions. It is the responsibility of the sponsoring organization to collect these items. In addition, the sponsoring organization will be paid \$21 per weekend entry by Missouri High School Rodeo, Inc.



Sponsoring organization must provide a covered, dry, lighted area with electricity for our secretaries to complete rodeo business (entries, payout, points).

The Rodeo Announcer and his or her musical selections shall be free from obscenities and offensive language.

The Sponsoring Organization submits this bid to host a rodeo to Missouri High School Rodeo, Inc. (aka "Missouri High School Rodeo Association" or "MHSR"). If accepted, this document serves as a contract between Missouri High School Rodeo, Inc., and Sponsoring Organization.

The rodeo is to be conducted under the rules of Missouri High School Rodeo, Inc. and the National High School Rodeo Associations. Sponsoring Organization must those rules, as set forth in the <a href="NHSRA">NHSRA</a> and the <a href="Missouri High School Rodeo Ground Rules">Missouri High School Rodeo Ground Rules</a>. The rodeo will be open only to members of the NHSRA and MHSR.

Sponsoring Organization agrees to have and maintain liability insurance coverage of at least \$1,000,000. Please submit a copy of the insurance certificate and declaration sheet showing coverage of at least \$1,000,000 with this application. Upon acceptance of this bid, Missouri High School Rodeo, Inc. must be added as an additional insured on the Sponsoring Organization's policy with respect to the activities and duties of MSHR agents, members, servants and employees during the planning, production, and execution of the rodeo events. Within thirty days of the Sponsoring Organization's bid being accepted by MHSR, the Sponsoring Organization shall submit an insurance certificate to the State MHSR Secretary showing proof that MHSR has been added as an additional insured.

Sponsoring Organization is solely responsible for selecting and providing rodeo clowns, staff, stock, and for furnishing emergency medical technicians (EMTs) to be on site for each performance. **EMTs must have an AED**. The Sponsoring Organization agrees to indemnify and hold harmless MSHR and its agents, servants, and employees from any and all claims, demands and causes of action of any kind.

| Sponsoring Organization:                   |   |
|--|---|
| Dated this day of, 20                      | ) |
| Signed:                                    |   |
| Print Name:                                |   |
|  |   |
| Accepted: Missouri High School Rodeo, Inc. |   |
| Date:                                      |   |
| MHSR President or National Director        |   |