



2017 Rider Entry Form

BULL RIDER INFORMATION		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Tax ID Number:	Phone #:	Email:
EVENT INFORMATION		
EVENT LOCATION:	EVENT DATE:	
ADDITIONAL BULL RIDER INFORMATION		
Riding Hand:	Highest Score:	Bull Highest Score Was Rode On:
List Any Major Event Titles:		
SIGNATURES		
Signature of applicant:	Date:	

Exclusive Genetics, Bucking Bull Games, The Jaynes Gang, ALL IN Player's Championship, Professional Bull & Rider Games and it's affiliates, employees, agents, partners, directors, will not be held Responsible and/or liable for any accident, injury or death to any person or livestock, associated with or involved in this event. By signing below, the said party agrees to the terms and conditions of said event and states that all information provided is true and correct.

RIDER SIGNATURE: _____

DATE: _____