



ENTRY FORM

BULL OWNER INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Tax ID Number:

Phone #:

Email:

EVENT INFORMATION

EVENT TYPE: ALL IN PLAYER'S CHAMPIONSHIP PRELIMINARY (\$1260--\$1000 ENTRY FEE; \$250 DRUG/SECURITY/PEN FEE; \$10 AWARDS FEE) _____

OPTIONAL SIDE JACKPOT (\$1,000): _____

EVENT LOCATION: LAS VEGAS, NEVADA

EVENT DATE: OCTOBER 31, 2017

BULL INFORMATION

1. Bull Brand / ID:

Bull Name:

Delivery: Left Right

Bull Date of Birth:

Description:

ABBI Registration #:

BILLING INFORMATION

Payments will be made in the form of Paper Check, Cashier Check or Credit Card (MasterCard, Visa and American Express are accepted with 5% fee)

Credit Card Number:

Security Code:

Billing Address:

Expiration Date:

State:

ZIP Code:

Phone:

BULL HAULER/ TRAINER INFORMATION

Name:

Phone:

Cell:

Email:

SIGNATURES

**Signature of applicant:
(required if entering an underdog class)**

Date: