

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 NAME / LOCATION: 2017 GOLD BUCKLE CHALLENGE / BORDERTOWN CASINO EVENT DATE: NOVEMBER 25, 2017

BULL INFORMATION

1. Bull Brand / ID:

Bull Name:

Delivery: Left Right

Bull Date of Birth:

Description:

ABBI Registration #:

2. Bull Brand / ID:

Bull Name:

Delivery: Left Right

Bull Date of Birth:

Description:

ABBI Registration #:

3. Bull Brand / ID:

Bull Name:

Delivery: Left Right

Bull Date of Birth:

Description:

ABBI Registration #:

BILLING INFORMATION
Before Sept 30 - \$2000
October 1-31 - \$2500
If Drafted in the AIPC - \$2500
After October 31 - \$3000
ENTRY DEADLINE – NOVEMBER 13, 2017

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

Credit Card Number:

Security Code:

Billing Address:

Expiration Date:

State:

ZIP Code:

Check #:

BULL HAULER/ TRAINER INFORMATION

Name:

Phone:

Cell:

Email:

SIGNATURES

I authorize the verification of the information provided on this form. All information is accurate to my knowledge.

Signature of applicant:

Date:

Mail entry form to:
Bucking Bull Games
PO Box 200
Orchard, TX 77464
Or Fax To
979-478-6256
Email: kay@buckingbullgames.com