



ENTRY FORM

BULL OWNER INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Tax ID Number:

Phone #:

Email:

EVENT INFORMATION

Open Yearling Event (80% payback) \$1000 _____

EVENT LOCATION: WEST SENECA, MO

EVENT DATE: OCTOBER 7, 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

I have read and understand the rules and guidelines for BBG/EG events. I assume all risk and danger incidental to the nature of bucking bull competitions and release BBG/EG, their owners, employees, staff, host venues and sites, sponsors, host organizations, participating owners, their animals, and all agents thereof, from any and all liabilities resulting from such cases. Entering bull owners also recognize that event producers at BBG/EG sanctioned and/or co-sanctioned events have contracted professionals in the fields of Judging and Veterinary Medicine and Testing and the decisions of those individuals contracted is final. BBG/EG reserves the right to collect blood, urine or tissue and/or other samples from any bull at any time for any reason. I, as an entering bull owner have read and understand all Rules, Regulations, Guidelines, and Disclaimers stated herein.

Signature of applicant: _____