



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 SECOND CHANCE CHAMPIONSHIP **EVENT DATE:** NOVEMBER 3, 2017

BULL INFORMATION

1. EG Bull Brand / ID:	Bull Name:	Delivery: Left <input type="checkbox"/> Right <input type="checkbox"/>
Bull Date of Birth:	Description:	ABBI Registration #:
2. EG Bull Brand / ID:	Bull Name:	Delivery: Left <input type="checkbox"/> Right <input type="checkbox"/>
Bull Date of Birth:	Description:	ABBI Registration #:
3. Bull Brand / ID:	Bull Name:	Delivery: Left <input type="checkbox"/> Right <input type="checkbox"/>
Bull Date of Birth:	Description:	ABBI Registration #:

BILLING INFORMATION – TOTAL ENTRY FEE \$2500.00 + \$50 DRUG FEE + \$10 AWARDS FEE = \$2560 TOTAL

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

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:
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