



# 2014 WSBBA YEARLING ENTRY FORM

**REQUIREMENTS FOR ENTRY:**

- A **COMPLETED** ENTRY FORM FOR **EACH** BULL/HEIFER ENTERED.
- Current TB test, Health and Brand papers are required for check-in.
- Only 30 entries will be taken in each class. First come first entered.
- The completed form and complete payment must be submitted together by the close of books or the entry will not be accepted. **NO EXCEPTIONS.**

**Event Location:** Tremonton, UT **Class** (circle one): **BULLS**

WSBBA Member #: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ E-mail/fax for event info: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Transporter Name: \_\_\_\_\_ Transporter Phone: \_\_\_\_\_

BULL/HFRS NAME: \_\_\_\_\_

BULL ID (hip brand) #: (NOT REQUIRED) CHUTE DELIVERY (circle one):    Left    Right

Can this bull be penned with your other bulls entered?    Yes    NO

I, as an entering bull owner, have read and understand the WSBBA guidelines. I assume all risk and danger incidental to the nature of bucking bull competitions and release WSBBA and their host sites, title 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 the event producer has contracted professionals in the fields of Judging and Veterinary Medicine and the decisions of those individuals contracted is final. I concede to any/all Rules, Regulations, Guidelines, and Disclaimers printed in the WSBBA Guidelines and stated herein.

**A current Year W-9 form must be on file for the member that will receive any earnings.**

Bull Yearling Entry Fee: \$100.00 per bull	\$
Office Fee: \$10.00 per bull	\$10.00
Non-Member fee: \$25.00 per owner per event	\$ NOT CHARGED
<b>Total Fees:</b>	<b>\$</b>

Owner's Signature: \_\_\_\_\_

**(US Funds) Cashier's Check, Check, Money Order or Credit cards are accepted.**

***Credit Cards will add 3% on all charges.***

Credit Card Number: \_\_\_\_\_ Name on the Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Exp Date: \_\_\_\_\_ CSV (back of card): \_\_\_\_\_ Billing Zip: \_\_\_\_\_

**Payment & Entry Form MUST be in the office by 5pm Wed. 14 days before an event.**

**NO EXCEPTIONS**

Remit forms and payments to: **WSBBA PO Box 347 Jerome, ID 83338**

**Fax: 1-866-927-2075**