



Best Deals Inc Battle of the Bulls
CHELAN, WA

LAKE CHELAN RUSTLER'S RODEO GROUNDS
71 UNION VALLEY RD, CHELAN WA

DATE: MAY 23, 2015

All bulls will need to be tipped! All untipped bulls will be subject to a \$100.00 fine.

- *All fines need to be paid, "in cash", to secretary, no later than production start time of futurity class. Non-payment will be subject to disqualification and forfeiture of entry fees.*
- *Any unpaid fines will result in ineligibility of member status and prevent entry of contractor in future events until all fines are paid in full.*

Check-in's will be Friday May 22, 2015 from 8:00 a.m. – 5:00 p.m.

All late check-in's may be subject to fines and/or disqualification. Any bull arriving two hours after check-in's close will be fined and disqualified from the event without proper notification and approval from producer and livestock/arena director. The following rules apply:

- *First offence: \$100.00/bull*
- *Second offence: \$250.00/bull*
- *All fines need to be paid, "in cash", to secretary, no later than production start time of futurity class. Non-payment will be subject to disqualification and forfeiture of entry fees.*
- *Any unpaid fines will result in ineligibility of member status and prevent entry of contractor in future events until all fines are paid in full.*

Any concerns with late check-in should contact livestock/arena director or event producer. Notified late check-in's may be subject to fines based upon livestock/arena directors discretion.

Producer: Lennie Holden 509-670-3737; Ryan Clark 509-670-6920
WSBBA Representative: Derald Riche – 801-787-1788

Hotel accommodations:

Host Hotels

Lake Pateros Motor Inn
509-923-2203
115 Lake Shore Dr, Pateros WA
15 Miles North of Chelan

The Midtowner in Lake Chelan
509-682-4051
721 E Woodin Ave, Chelan WA
Requires a 3 night stay



2015 WSBBA

Entry form

REQUIREMENTS FOR ENTRY:

- A **COMPLETED** ENTRY FORM FOR **EACH** BULL ENTERED.
- Current Health and Brand papers are required for check-in, including proof of **negative TB & Brucellosis** tests.
- The completed form and **complete payment** must be submitted by the close of books or the entry will not be accepted. **NO EXCEPTIONS.**

Event Location: Chelan, WA **Class** (circle one): 2yr 3yr 4yr MAT

WSBBA Member #: _____ Owner Name: _____

Owner Phone: _____ E-mail/fax for event info: _____

Transporter Name: _____ Transporter Phone: _____

BULL NAME: _____

BULL ID (hip brand) #: _____ CHUTE DELIVERY (circle one): Left Right

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

Bull Rider's Name (if entering a 3, 4 or Maturity only): _____

(If owner doesn't have a bull rider by final draw date a bull rider will be assigned for them. See bull rider page for detail)

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.

2 Year Old Entry Fee: \$300.00 per bull	\$	
3 Year Old Entry Fee: \$400.00 per bull	\$	
4 YR/Maturity Entry Fee: \$500.00 per bull	\$	
Office Fee: \$10.00 per bull	\$	10.00
Bull Rider Fee (3, 4, & Maturity only)	\$	100.00
Non-Member Fee: \$25 per owner per event	\$	
Total Fees:	\$	

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. April 1, 2015.

NO EXCEPTIONS

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

Fax: 1-866-927-2075