



# 2015 WSBBA Bull Team ENTRY FORM

## REQUIREMENTS FOR ENTRY:

- A COMPLETED ENTRY FORM FOR EACH TEAM.
- 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

Team Name: \_\_\_\_\_

Team Contact Phone: \_\_\_\_\_

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

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

2 YR BULL Name: \_\_\_\_\_ BULL HIP#: \_\_\_\_\_ DELIVERY (circle one): Left Right

3 YR BULL Name: \_\_\_\_\_ BULL HIP#: \_\_\_\_\_ DELIVERY (circle one): Left Right

4 YR BULL Name: \_\_\_\_\_ BULL HIP#: \_\_\_\_\_ DELIVERY (circle one): Left Right

## **\$105 per bull team**

- **(US Funds) Cashier's Check, Check, or Money Order only accepted.**

**\$5 will be an office fee**

**Payment & Entry Form MUST be in the office by 5pm Weds. June 24, 2015**  
**NO EXCEPTIONS.**

Remit forms and payments to: **WSBBA PO Box 347 Jerome, ID 83338**  
**Fax: 1-866-927-2075**

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. By signing this, signee accepts these terms.

Team Contact Name Signature: \_\_\_\_\_

Date: \_\_\_\_\_