



2016 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

\$155 per bull team

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

\$5 will be an office fee

Entry Form MUST be in the office by 5pm Weds. June 22, 2016

NO EXCEPTIONS.

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

Fax: 1-866-927-2075; email: wsbba2009@gmail.com

Payment:

We will accept a mailed check (before June 22) or CASH given to Jamie FRIDAY JUNE 24.

Payout:

We will pay out in cash and will pay 1 place for every 5 entries.

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: _____