



2019 WSBBA Yearling 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.
- Only **25 entries** will be taken in each class. First come first entered.
- The completed form and complete payment must be submitted by the close of books or the entry will not be accepted. **NO EXCEPTIONS.**

****WSBBA RESERVES THE RIGHT TO REFUSE ENTRIES FROM ANY CONTRACTOR/BULL****

Event Location: Tremonton, UT _____ **Class:** YEARLING

WSBBA Member #: ___N/A_____ Owner Name: _____

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

Transporter Name: _____ Transporter Phone: _____

BULL NAME: _____

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

Can this bull penned with your other bulls entered? YES NO **Other** Bull ID: _____

(If producer has enough pens for individual pens, it is owner's responsibility to move to designated pen 2 hours before event)

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.

Yearling Entry Fee: \$200.00/bull	\$ 200.00
Non Member Fee: \$25.00/contractor	\$
Office Fee: \$35.00/bull	\$ 35.00
Total Fees:	\$ 235.00

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 postmarked by the Friday two weeks before event.
NO EXCEPTIONS

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