

## 2022 WSBBA Rider Bull Entry Form

## **REQUIREMENTS FOR ENTRY:**

• A <u>COMPLETED</u> ENTRY FORM FOR <u>EACH</u> BULL ENTERED.

• Current Health and Brand papers are required for check-in, including proof of negative TB & Brucellosis tests.

• The completed form and <u>complete payment</u> 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:	Class	<b>s (Circle 1):</b> 3	Byr * 4yr * mat
WSBBA Member #:	Owner Name:		
Owner Phone:	E-mail/fax for event info:		
Transporter Name:	Transporter Phone:		
	CHUTE DEI		Left Right
Can this hull penned with your	(Requ r other bulls entered? YES NO	ther Bull ID.	<u>Co-Sanctioning</u>
	ndividual pens, it is owner's responsib		
event)			<b>,,</b>
	yrs or older; see rulebook for de		
			ntracted professionals in the field icine and the decisions of those
nature of bucking bull competitions and release WSBBA and their host sites, title sponsors, host organizations, participating owners, host sites, title sponsors, host organizations, participating owners,			I concede to any/all Rules,
their animals, and all agents ther		elines and stated herein.	isclaimers printed in the wSBBA
resulting from such cases. Enteri	ng bull owners also recognize <b>ust be on file for the member that will re</b>		
A current fear w-9 form m	ist be on the for the member that will re	ceive any earnings.	
3 Year Old Entry F	inal Payment: \$400.00/bull	\$	
4 Year Old & Mat.	Entry Fee: \$500.00/bull	\$	
Bull Rider Fees \$75.00/per bull		\$	75.00
Non Member Fee: \$25.00/contractor		\$	
ABBI Co-Sanction Fee (Optional): \$100.00/bull		\$	
Office Fee: \$50.00	/bull	\$	50.00
Office \$10; dummy \$10, Website\$10; sec\$10; drug testing\$5; misc \$5			
Total Fees:		\$	
Orregon's Signature	mo.•		
Owner's Signatu	re:		_
(IIS Frends) Coshier's (	Sheet Cheet a Cheet Manage O	udan an Onadit aa	nda ana anantad
(05 Funds) Cashier's C	Check, Check, e-Check, Money O		rus are accepted.
	Credit Cards will add 3% on	-	
	Name on the		
	City		
Exp Date:	CSV (back of card):	_Billing Zip:	
Payment & Entry F	orm MUST be postmarked by th	e Friday two weel	<u>ks before event.</u>
	<u>NO EXCEPTIONS</u>		
Remit form	s and payments to: WSBBA PO Bo	x 347 Jerome, ID	83338

Fax: 1-866-927-2075