



# 2025 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.
- 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:** \_\_\_\_\_ **Class:** Yearling

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 ABBI ID: \_\_\_\_\_ (Required if electing to Co-Sanctioning)

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***All yearling bull from the same contractor must be penned together***

(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 Bull Entry: \$200.00/bull	\$
ABBI Co-Sanction Fee (Optional): \$100.00/bull	\$
Non Member Fee: \$25.00/Contractor	\$
Administration Fee: \$85.00/bull	\$
Office/Sec \$25, Dummy/Misc \$10, Website \$10, Event Prod \$40	\$
<b>Total Fees:</b>	<b>\$</b>

Owner's Signature: \_\_\_\_\_

**(US Funds) Cashier's Check, Check, e-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 closing date. NO EXCEPTIONS**

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