

2017 ALL IN Player's Championship Draft Registration Form

RANCH/ COMPANY: _____

OWNER NAME: _____

PHONE: _____ CELL: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

of Draft Spots Purchasing: _____ x \$ _____ Total Payment Due: \$ _____

Payment Option: OPTION #1 (Pay in Full) OPTION #2 (10-month installment)

PAYMENT INFORMATION

Check Bank Transfer/Wire Visa MasterCard AMEX

If paying with a Credit Card, a 5% processing fee imposed by bank will be added

CC# _____ Exp Date _____ Code _____

Signature: _____

Billing Address if Different from above:

PLEASE REMIT PAYMENT TO:

Exclusive Genetics
PO Box 200
Orchard, TX 77464

Ph: 979-848-4150
Fax: (979) 478-6256

Email: billy@buckingbullgames.com
www.buckingbullgames.com