



ENTRY FORM

BULL OWNER INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Tax ID Number:

Phone #:

Email:

EVENT INFORMATION (PLEASE SELECT EVENT):

BULL & RIDER TOURNAMENT FINALS – OCTOBER 2015 EVENT (LAS VEGAS, NV)

BULL INFORMATION

1. Bull Brand / ID:

Bull Name:

Delivery: Left Right

Bull Date of Birth:

Description:

ABBI Registration #:

Please Circle Selection:

OPEN BULL

or

EG BULL

2. Bull Brand / ID:

Bull Name:

Delivery: Left Right

Bull Date of Birth:

Description:

ABBI Registration #:

Please Circle Selection:

OPEN BULL

or

EG BULL

3. Bull Brand / ID:

Bull Name:

Delivery: Left Right

Bull Date of Birth:

Description:

ABBI Registration #:

Please Circle Selection:

OPEN BULL

or

EG BULL

\$2500 ENTRY FEE + \$25 BULL SECURITY & DRUG TESTING FEE = \$2525

Payments will be made in the form of Check, Cashier Check or Credit Card (MasterCard, Visa and American Express are accepted with 5% fee)

Credit Card Number:

Security Code:

Billing Address:

Expiration Date:

State:

ZIP Code:

Check #:

BULL HAULER/ TRAINER INFORMATION

Name:

Phone:

Cell:

Email:

SIGNATURES

Signature of applicant:

Date:

Please Fax to (979) 478-6256 or email to kay@exclusivegenetics.com

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