



ENTRY FORM

BULL OWNER INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Tax ID Number:	Phone #:	Email:

EVENT INFORMATION

EVENT TYPE:	FURURTY <input checked="" type="checkbox"/>	DERBY <input type="checkbox"/>	CLASSIC <input type="checkbox"/>	OPEN <input type="checkbox"/>	EFL <input type="checkbox"/>
EVENT NAME / LOCATION: 2013 SECOND CHANCE CHAMPIONSHIP			EVENT DATE: 12/8/2013 – 12/10/2013		

BULL INFORMATION

1. EG Bull Brand / ID:	Bull Name:	Delivery: Left <input type="checkbox"/> Right <input type="checkbox"/>
Bull Date of Birth:	Description:	ABBI Registration #:
2. EG Bull Brand / ID:	Bull Name:	Delivery: Left <input type="checkbox"/> Right <input type="checkbox"/>
Bull Date of Birth:	Description:	ABBI Registration #:
3. Bull Brand / ID:	Bull Name:	Delivery: Left <input type="checkbox"/> Right <input type="checkbox"/>
Bull Date of Birth:	Description:	ABBI Registration #:

BILLING INFORMATION – ANCILLARY FEE \$250

Payments will be made in the form of Check, Cashier Check or Credit Card (MasterCard, Visa and American Express are accepted)		
Credit Card Number:		Security Code:
Billing Address:		Expiration Date:
State:	ZIP Code:	Check #:

BULL HAULER/ TRAINER INFORMATION

Name:		
Phone:	Cell:	Email:

SIGNATURES

I authorize the verification of the information provided on this form. All information is accurate to my knowledge.

Signature of applicant:	Date:
Preferred Buck Date: (Circle One) Sunday 12/8/2013 Monday 12/9/2013 Tuesday 12/10/2013	

****Wildcard bulls are required to enter the Second Chance Championship and will be reimbursed if they qualify for the Top 25 MDBBC.***