**2016 ABBI Futurity Entry Form**

**REQUIREMENTS FOR ENTRY:**

**(Bulls Born on or Between January 1 and December 31, 2014)**

* A **completed** entry form for **each** bull entered.
* The bull **must** be in the **Owner/Partnership** inventory entering the animal.
* Animals must have **both** parents registered to compete without penalty. The penalty is $250 per required unregistered parent, per event, by the close of books for the event.
* A photocopy of the proper age certification form for the bull must be **INCLUDED** with the entry form, along with the EID tag information completed by the veterinarian.
* The bull’s registration number **must** be listed on the entry form.
* Current Health papers are required for check-in, including proof of **negative TB & Brucellosis** tests completed within a calendar year of event entered.
* **The completed form and complete payment must be submitted together by the close of books or the entry will not be accepted. NO EXCEPTIONS.**

**Event Location**:

Owner/Partnership (to be listed for the event):

ABBI Breeder #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Owner Name:

Owner Phone: ­­­­­­­­­­­­­ E-mail/fax for event info: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: State: ZIP/Postal Code:

Transporter Name: Transporter Phone:

BULL ID (hip brand) #: BULLNAME:

ABBI Reg. # CHUTE DELIVERY**:**

Winnings Paid Out To**:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If earnings are to be paid out to anyone other than owner of the bull, a notarized member agreement for competition partnership form must be included, and signed by all parties, with this entry form. Owner is defined as the person whom has the bull in his/her inventory at time of entry. A current Year W-9 form must be on file for the member that will receive any earnings.**

If a junior breeder will be flanking the bull a Youth Waiver must be included with the entry for each event.

I, as an entering bull owner, have read and understand the ABBI guidelines. I assume all risk and danger incidental to the nature of bucking bull competitions and release ABBI, PBR, 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 ABBI Guidelines and stated herein. Bull owners must sign the entry form.

Owner Signature: Date:

Any attempt to copy or duplicate this program is strictly prohibited. All rules, regulations, guidelines, terms, and conditions contained herein are subject to change for the benefit of the event in its entirety with consent of the event producer. ABBI reserves the right to accept or exclude parties on entrance based on the benefit of the event in its entirety. The above parties and/or their employees do not warrant, expressed or implied, information provided by the owners in the futurity, and/or the authenticity of animals registered, competing, or sold. The above stated parties and/or their employees or agents are not responsible and/or liable in any form or fashion for any accident or injury of any nature to any owner, livestock, or any person involved in this event.

* **$ (Entry Fee In US Funds) per bull entered + $25.00 fee for bull security and testing = \_\_\_\_\_\_\_(Total).**

**Credit Card, Cashier’s Check, Check, or Money Order accepted**

**Payment MUST be in the office by Close of Books. NO EXCEPTIONS.**

* **Authorized signature for the credit card list below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Name on Credit Card : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type (VISA/MC/AMEXP/Discover)**
* **Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_ State/Province \_\_\_\_\_\_\_ Country\_\_\_\_**

**Exp. Date: \_\_\_\_\_\_\_\_\_\_\_CSV \_\_\_\_\_\_\_\_\_\_\_ (back of card) Billing ZIP/POSTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Remit forms and payments to: **ABBI 101 W. Riverwalk, Pueblo CO 81003**

**Fax 719-242-2746. Please call 719-242-2747 to verify receipt of the**