

2009 Walker Bucking Stock Breeders
2-year-old Open Derby Entry Form
\$5,000 Added Money! \$1,000 Added Rider Jackpot!
Saturday, November 14, 2009
(Bulls Born Between Jan. 1, 2006 and Dec. 31, 2007)

REQUIREMENTS FOR ENTRY:

- **Limited to first 50 entries – Limit 2 bulls per contractor.**
- **Bring your own rider. Limit 2 bulls per rider.**
- Entries close November 10th or after first 50 entries, whichever comes first.
- A completed entry form, with full payment.
- All winners will be mouthed.
- ABBI and EID tag will suffice for age verification – both must accompany animal.
- Current Health papers are required for check-in including proof of negative TB & Brucellosis tests.
- Bulls must be checked in between 12 noon and 6:00 pm Friday, November 13th.
- **This form must be complete when submitted or the entry will not be accepted.**

Event Location: 4C's Arena, Stephenville, TX

Owner/Partnership: _____

Owner Name: _____ Owner Phone: _____

Address: _____ State: _____ ZIP/Postal Code: _____

Checks made payable to the owner of the animal ONLY.

BULL ID (hip brand) #: _____ BULL NAME: _____

BULL RIDER NAME: _____ CHUTE DELIVERY: _____

BULL ID (hip brand) #: _____ BULL NAME: _____

BULL RIDER NAME: _____ CHUTE DELIVERY: _____

I, as an entering bull owner, have read and understand the rules. I assume all risk and danger incidental to the nature of bucking bull competitions and release Walker Bucking Stock Breeders, Buck-It Productions, Trevor Walker and Joy Hawks, 4C's Arena, Julie and Gilbert Carrillo, their sponsors, 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.

Owner Signature: _____ Date: _____

Total number of Entries: _____ x \$500 = _____ Amount Dues

\$ 500.00 (US Funds) per bull entered. Includes \$100 rider fee.

Name on Credit Card : _____ Type (VISA/MC/Check/Money Order)

Card Number: _____ (handling fee assessed)

Exp. Date: _____ CSV _____ (back of card) Billing ZIP/POSTAL _____

Remit forms and payments to: WBSB PO Box 329, Stephenville, TX 76401
Fax 254-965-8839. Please call 254-592-8128 for more information.