



**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Phone:** \_\_\_\_\_  
Home Cell Work

**Coat Size:** \_\_\_\_\_ **Shirt Size:** \_\_\_\_\_

Please fill out the application completely, read and fill out the attached pledge, waiver, and release. Return all parts of the application along with a \$100.00 check or money order to the address below or call the office to charge your credit card.

**EPB**  
**7586 Ott Rd.**  
**Acton, MT 59002**

**Phone: (406)669-3181 or (406)672-0029**

**\*\*PLEASE MAKE CHECKS AND MONEY ORDER TO: ELITE  
PROFESSIONAL BULLRIDERS, INC.\*\***