



Elite Professional Bull Riders, Inc.

7586 Ott Rd., Acton, MT 59002

cell/central entries (406) 672-0029/ office/fax (406) 669-3181

Judging Application

Legal Name: _____
First Middle Last Nickname

Address: _____
Street City St.ate Zip

Phone: _____
Home Cell Work

Email: _____

Birth Date: ____ / ____ / ____ **SS# :** ____ - ____ - ____
Month Day Year

PLEASE INCLUDE COPY OF DRIVERS LICENSE OR STATE IDENTIFICATION WHEN SUBMITTING APPLICATION

Coat Size: ____ **Shirt Size:** ____ **Marital Status:** _____

Emergency Contact

Name: _____ **Relationship:** _____

Address: _____
Street City State Zip

Phone number(s): _____

Rodeo History

Please describe your involvement with the sport of bull riding, including the length of time of such involvement.

What associations (if any) have you judged?

What seminars/judging courses (if any) have you participated in?

Please give two references:

(1)Name: _____

Phone number(s): _____

Relationship: _____

(2)Name: _____

Phone number(s): _____

Relationship: _____

Please fill out the application completely, read and fill out the attached pledge, waiver, and release and submit with payment to the EPB office. You may also call the EPB office to pay with a credit card. Call Sara at (406) 672-0029 or (406) 669-3181 if you have any questions.