



2017 CBRA EVENT APPROVAL / SANCTIONING APPLICATION

This application must be filled out completely, signed and submitted to: Central Bull Riders Assoc. 13037 314th Ave NW Princeton, MN 55371 or scan & email to [christinadrice@msn.com](mailto:christinadrice@msn.com)

Event City & State \_\_\_\_\_  
Event Date(s): \_\_\_\_\_ Performance Times: \_\_\_\_\_  
Arena Name: \_\_\_\_\_ Facility Type: Indoor, Outdoor, Covered  
Arena Address: (Provide complete address) \_\_\_\_\_

Producer: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Bull Riding: Added money per performance \$ \_\_\_\_\_ # of Contestants in Long Go: \_\_\_\_\_  
/Short Go \_\_\_\_\_

Stock Contractor(s):  
1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

Stock Charge-if any (Maximum of \$10): \$ \_\_\_\_\_  
Bullfighters: Note (2) are required.  
1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ (Optional )

Secretary: 1) \_\_\_\_\_  
Judges:  
1) \_\_\_\_\_ 2) \_\_\_\_\_

Announcer: 1) \_\_\_\_\_  
Barrel Man / Clown: 1) \_\_\_\_\_  
Specialty Act: 1) \_\_\_\_\_  
Estimated Total Attendance: \_\_\_\_\_  
Special Award / Contestant Incentives (ex. Event buckle, hospitality tent, etc.):  
\_\_\_\_\_

Call-in (or TEXT) Date, Number & Time: \_\_\_\_\_  
Host Hotel Name: \_\_\_\_\_

Host Hotel Address & Phone #: \_\_\_\_\_

Competition Bucking Bulls: (Y/N) \_\_\_\_\_

Contact Phone: # \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_  
Applicant Signature: X \_\_\_\_\_