



2017 SEBRA EVENT APPROVAL / SANCTIONING APPLICATION

Please Print Legibly. This application must be filled out completely, signed and submitted to: SEBRA, Inc, 6111 Canter Road Archdale, NC 27263 or scan & email to chan@gosebra.com

**PLEASE READ THE UNDERLINED INFO BEFORE GOING ANY FURTHER!**

The Event Approval/Sanctioning Fee is \$50 per event for Regular Season events; this is one fee whether the event is one (1) performance or more & \$100 Fee for Series Events held in the same location. This fee is due when the event results are SUBMITTED to the office. If you FAIL to pay the fee the results will not be posted until the fee is received. If your secretary submits the results be sure to give her the fee before she mails them.

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 \_\_\_\_\_

Barrel Racing: Added Money per performance \$ \_\_\_\_\_ # of Contestants in Perf: \_\_\_\_\_ # of Contestants in Slack: \_\_\_\_\_

Saddlebronc: Added Money per performance \$ \_\_\_\_\_ # of Contestants in Perf: \_\_\_\_\_

Bareback: Added Money per performance \$ \_\_\_\_\_ # of Contestants in Perf: \_\_\_\_\_

Stock Contractor(s):

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

5) \_\_\_\_\_ 6) \_\_\_\_\_

Stock Charge-if any (Maximum of \$10): \$ \_\_\_\_\_

Bullfighters: Note (2) are required.

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ Optional

Secretary: 1) \_\_\_\_\_

Judges:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ Back Judge (Optional)

Announcer: 1) \_\_\_\_\_

Barrel Man / Clown: 1) \_\_\_\_\_

Specialty Act: 1) \_\_\_\_\_

Gate Ticket Prices: \_\_\_\_\_ Estimated Total Attendance: \_\_\_\_\_

Special Award / Contestant Incentives (ex. Event buckle, hospitality tent, etc.): \_\_\_\_\_

Call-in Date, Number & Time: SEBRA Office (unless otherwise determined through office)

Host Hotel Name: \_\_\_\_\_

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

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

Circle yes or no for a “Event Flyer / Poster” designed by SEBRA for your event. YES / NO  
If yes, include the contact phone number or email address for a SEBRA staff member to contact you.

Contact Phone # \_\_\_\_\_ email address \_\_\_\_\_

Applicant Signature X \_\_\_\_\_