



2018 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 _____