

SEBRA, INC. EVENT APPROVAL APPLICATION

Please Print Legibly. This application must be filled out completely, signed and submitted to ("SEBRA, Inc"), 6111 Canter Road Archdale, NC 27263 Office (336) 861-2219 / Fax (336) 861-2219



EVENT APPROVAL FEE \$50 per Event- Once your approval fee has been received your date will be added to the schedule.

Event Title: _____

Event City & State _____

Event Date(s): _____ Performance Times: _____ Check in Time: _____

Arena Name: _____ Facility Type: Indoor, Outdoor, Covered

Arena Address: (Provide complete address)

Producer: _____ Contact No: _____

Amount of Added Money: Per Performance \$ _____ Total Amount Added \$ _____

Entry Fee: SEBRA Office will determine

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

Judges:

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

Secretary:

1) _____ 2) _____

Announcer(s):

1) _____ 2) _____

Barrel Man / Clown:

1) _____

Specialty Act:

1) _____

Gate Ticket Prices: _____ Estimated Total Attendance: _____

Special Award / Contestant Incentives (ex. buckle, hospitality tent, etc.): _____

of Contestants in Long Go: _____ # of Contestants in Short Go: _____ Call In Date: _____

Call In Number: *(336) 861-2219 SEBRA Office* (unless otherwise determined through office)

Contestant Call in Number: _____ Call In Time: _____

Host Hotel Name: _____

Host Hotel Address & Phone #: _____

SEBRA Barrel Racing: (Y/N) _____ Barrel Added Money \$ _____ # of Barrel Entries _____

Barrel Format: (1D ONLY) SLACK: (Y/N) _____

For Information on Barrel Racing Call: Chan Canter (336) 861-2219 office (336) 669-8076 cell

Competition Bucking Bulls: (Circle One) Open or (ABC) American Bucking Competition

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 # _____ email address _____

Applicant Signature _____ *Date:* _____

If approved, Event will be listed on www.goSEBRA.com