US Bully Registry Show Application Form

US Bully Registry P.O. Box 1180 Temecula, Ca 92593 Email: usbullyreg@yahoo.com Phone: 951-551-4919 Hours: 9:00am to 3:00pm Monday-Friday Pacific Standard time

USBR U.S. BULLY REGISTRY

USBR accepts checks, money orders and credit cards payable to USBR.

Show Host Information- Please fill out with contact information for person responsible for show.

Name: Ke	ennel or Club Name:			
Address:	City:	State: Zip:		
Phone#: Cell Phone#:	Email:			
Secondary Person Name:	Phone #:			
Show Information-				
Show Name:	Show Date:			
Venue Name:				
Address:	City:	State: Zip:		
Contact Person for Venue:	Phone Num	ber:		
Insurance Provider Name:	Phone #:			
Policy Number or information:	(you will need	to supply a copy with application)		
Number of Shows: $1 \bigcirc 2 \bigcirc 3 \bigcirc (1^{st} time show hosts must be approved for 2 shows)$				
Fees: \$100.00 per show (60 days before show date) \$50.00 late fee (Less than 60 days before show date) (Judges and USBR Representative fees are separate from application fees and require a separate agreement form)				
Breeds you are offering: American Bully: Standard Dock	et 🗌 XL 🗌 Extreme (
English Bulldog 🗍 French Bulldog 🗍 Shorty Bull 🗍 American Bulldog 🗍 Olde English Bulldog 🗍				
American Pit Bull Terrier 💭 Exotic Bully 💭 💭 💭				

Office Use:

Judge Show 1:	Judge Show 2:
USBR Rep:	USBR Rep:
(Show host mo	ay need 2 reps for 2 shows please contact the office to find out)
List of Persons helping with the Show:	
Registration: (1)	(2)
(Show host is responsil	ble for having at least 2 people to help with registration table for show)
Ring Steward: (1)	(2)
Basic Information	
Show host is required to provi	o refuse any application that the requirements are not fully satisfied ide all the requirements asked for by USBR or Reps/Judges and the USBR can cancel a
 Show host are required to pur the correct amount of awards. The USBR office needs contract insurance for event. 	ed by the USBR and representatives to determine if they can host show again. chase Ribbons and Trophies from approved vendors-or provide proof of purchasing

Payment Information				
Visa MasterCard Discover AMEX Other				
Card Holder Name:	Email:			
Card Holder Billing Address:		State: Zip:		
Card Number CVV (I	er CVV (last 3 on the back of card)			
EXP Date: (mm/YY) Cell Phone: ()				
Signature:		Date:		