

# BULL BREED COALITION REGISTRY

23110 STATE ROAD 54 #212  
LUTZ, FL 33549  
INFO@BBCR.COM  
813-388-2905



## JUDGE AGREEMENT FORM

EVENT INFORMATION
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Show Host: \_\_\_\_\_

Show Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

FEES
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**BBCR Judges Fees:**

- Judge Fee \$ \_\_\_\_\_ Minimum Fee \$200.00
- Air Travel \$ \_\_\_\_\_ Gas Expenses \$ \_\_\_\_\_
- Hotel \$ \_\_\_\_\_ Other Expenses \$ \_\_\_\_\_
- Description: \_\_\_\_\_

\_\_\_\_\_

**Total \$ \_\_\_\_\_**

**Hosts must pay a minimum of \$200/ per event for contracted judge. Additional costs for food and travel can be negotiated between host and party. All additional costs must be documented in the agreement form.**

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ACKNOWLEDGEMENTS
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### Judge Acknowledgment:

As a BBCR Judge I, \_\_\_\_\_  
agree to perform my duties as spelled out in the BBCR Event Host Packet for the amount agreed upon above. If for any reason, I will not be able to provide the services listed above, I will notify the Show Host and BBCR OFFICE in a reasonable amount of time so that other arrangements can be made.

Date: \_\_\_\_\_ Show Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### Host Acknowledgment:

As a BBCR Event Host I, \_\_\_\_\_, agree to pay the above fees for the services of the BBCR Judge and Representative listed above. I will be in contact with the BBCR show committee to ensure the judge (s) and representative accommodations are all confirmed. It is my responsibilities to provide receipts and confirmation pages for all that agreed upon above.

Dated: \_\_\_\_\_ Show Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_