

BULL BREED COALITION REGISTRY

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



REPRESENTATIVE AGREEMENT FORM

EVENT INFORMATION

Show Host: _____

Show Name: _____

City: _____ State: _____ Zip: _____

FEES

BBCR Rep Fees:

- Rep Fee \$ _____ Minimum Fee \$150.00 / per event
- Air Travel \$ _____ Gas Expenses \$ _____
- Hotel \$ _____ Other Expenses \$ _____
- Description: _____

Total \$ _____

Hosts must pay a minimum of \$150/ per event for contracted representative. 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

Representative Acknowledgment:

As a BBCR Rep 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: _____