



700 College Road, Warner, OK 74469, www.connorsstate.edu

BULL TEST ENTRY FORM

I WOULD LIKE TO ENTER THE FOLLOWING BULL IN THE BULL TEST AT
CONNORS STATE COLLEGE, WARNER, OK

NOTE: Make copies of this form and complete one for each bull entered in the test. Entries must be received by due date. **Pedigree information is not necessary if Registration number is provided.**

Breed_____

Purebred or Percent_____

Tattoo_____

Birthweight____ Weaning Wt._____

Birthdate_____

Weaning Date_____

Horned, Polled, or Scurred _____

Registration Number _____

I agree to the rules governing the test and that this application is made with my full knowledge of the rules which are in effect. I understand that Connors State College holds no liability for my bull. Signature_____ Date_____

Ranch_____

Social Security Number_____

Phone_____ Address_____

E-Mail Address_____