

Elite Professional Bullriders, Inc.
PO Box 749
Stevensville, MT 59044
Tel 888-776-5609
www.eliteprobullriders.com



EPB Rider Relief Fund- Application for Assistance

CONTACT INFORMATION:

Name: _____ Cell Phone: _____

Home Phone: _____ Email: _____

Address: _____
Box/Street/RR City Province/State Postal Code/Zip

Age: _____ Birthdate: _____ / _____ / _____ EPB Inc. Card Number: _____

EVENT & INJURY INFORMATION:

Event of Injury or Incident: _____

What was the injury or incident and how were you affected? _____

Provide validation (Doctor Note, etc.) for your claim. Explain documents here and attach with Application:

Any Additional Comments? _____

Printed Name: _____ Signature: _____

Date: _____

NOTE: All details contained in this form are CONFIDENTIAL. The more information you provide us with, the faster we will be able to process your application. Attach any documents you feel are applicable.

RETURN FORM TO EPB RIDER RELIEF FUND VIA EMAIL: secretary@eliteprobullriders.com; FAX (888) 776-5609
or MAIL: PO Box 340, Laurel, MT 59044