CAVY FAIR ENTRY FORM

Return to: Niagara County 4-H  Attn: Heidi  Return by: July 2nd
4487 Lake Avenue
Lockport NY 14094

Note: animals’ ear tattoo and sex are checked with entry forms the day they are turned in.

Please check one: _____4-H Member _____Cloverbud Member

Name: ___________________________________________ Telephone: ______________
Address: ______________________________________________________________________
           Number & Street City Zip

Date of Birth: ____________________  Age as of 1/1/current yr:____  Years in 4-H:____

Club Name:_________________________________________ Or individual member: _____

Number of years you have participated in the 4-H Cavy project: _____

Use the Premium Book to fill out this form.

<table>
<thead>
<tr>
<th>Class #</th>
<th>Ear #</th>
<th>Breed</th>
<th>Variety</th>
<th>Sex</th>
<th>Sr.</th>
<th>Int.</th>
<th>Jr.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Showmanship: Beginner __________ Junior __________ Senior __________

Sow & Pup Class: List Sow’s Ear # from above here ____________________

Best bred by Exhibitor: Yes   No  Costume Class: Yes   No
Posters: Yes   No  Exhibitors Judging: Yes   No

It is hereby understood and agreed that animals are entered at the owner’s risk, and the show committee will not be responsible for entries; though all due care will be used to protect them. I make the above entries subject to the rules of the Niagara County Fair Rabbit & Cavy Show.

Signature: ____________________________________________

Additional forms are available from the 4-H Office or from your Rabbit/Cavy County Project Leader.