RABBIT FAIR ENTRY FORM

Return to: Niagara County 4-H / Attn: Heidi
4487 Lake Avenue
Lockport, NY 14094

Date Received: ______________________

Return by: First Friday in July

Name: ________________________________ Telephone: _________________

Address: __________________________________________________________

Number & Street City Zip

Veterinarian: ______________________________ Telephone: ________________

Date of Birth: ________________ Age as of 1/1/current yr: ___

Years in 4-H: ___ Years as a Cloverbud: ___ Number of pens needed: ___

Club Name: ______________________________ Or individual member: ___

Number of Years that you have participated in the 4-H Rabbit Project ________

<table>
<thead>
<tr>
<th>Class</th>
<th>Ear #</th>
<th>Breed</th>
<th>Variety</th>
<th>Sex</th>
<th>Jr.</th>
<th>Int.</th>
<th>Sr</th>
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Showmanship: Beginner _____ Junior _________ Senior ____________

Doe & Kit Class: List Doe’s Ear # from above here ____________________

Circle yes or no to each class below:

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 be the rules of the Niagara County Fair Rabbit & Cavy Show.

Signature: ____________________________________________

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