Niagara County 4-H Meat Rabbit Auction Entry Form

4-H Member’s Name: ____________________________________________________________

Address: ___________________________________________________________________

Home #: ____________________________ Cell #: _________________________________

4-H Club Name or Individual Member: __________________________________________

Animal Breed Type (both rabbits): _____________________________________________

Date of Birth of 4-H Project Animal (both rabbits): ________________________________

We have read the General Rules of Niagara County 4-H Meat Rabbit Sale. We understand them fully and agree to abide by them:

4-H Member: __________________________________________________________________

4-H Parent/Guardian: _________________________________________________________