





2019 RABBIT IDENTIFICATION FORM

NOTE: YOUTH MUST BE 8 AND IN THE THIRD GRADE, OR NOT OLDER THAN 18 AS OF JANUARY 1 OF CURRENT YEAR TO PARTICIPATE.

Number of Years Enrolled in Rabbit Project:  Parent(s) and/or Legal Guardian(s) Name(s):  Parent's E-mail Address:  Check One: We can receive text messages  Club Name:  Advisor's Name:  Advisor's Phone:  Please check Rabbit Project youth is planning to participate in for 2019 (Check all that apply):  Rabbit Doe & Litter Fryer Meat Pen  MEMBER - DO NOT WRITE BELOW THIS LINE Information Below to be filled in by Committee at Tattoo Clinic  Breed: Variety: Buck or Doe Jr. Int. Sr. Tattoo #: Breed: Variety: Buck or Doe Jr. Int. Sr. Tattoo #: Breed: Variety: Buck or Doe Jr. Int. Sr. Tattoo #: Breed: Variety: Buck or Doe Jr. Int. Sr. Tattoo #: Breed: Variety: Buck or Doe Jr. Int. Sr. Tattoo #: Breed: Variety: Buck or Doe Jr. Int. Sr. Tattoo #: Breed: Variety: Buck or Doe Jr. Int. Sr. Tattoo #: Breed: Variety: Buck or Doe Jr. Int. Sr. Tattoo #: Breed: Variety: Buck or Doe Jr. Int. Sr. Tattoo #: Breed: Variety: Buck or Doe Jr. Int. Sr. Tattoo #: Breed: Variety: Buck or Doe Jr. Int. Sr. Tattoo #: Breed: Variety: Buck or Doe Jr. Int. Sr. Tattoo #: Breed: Variety: Buck or Doe Jr. Int. Sr. Tattoo #: Breed: Variety: Buck or Doe Jr. Int. Sr. Tattoo #: Breed: Variety: Breed: Breed: Breed: Breed: Breed:	Youth Organization (Circle On	ie): FFA	4-H F	FARM BUREA	U OTH	ER:_			<del></del>	
Number of Years Enrolled in Rabbit Project: Youth's Cell Phone:  Parent's E-mail Address: Youth Email Address:  Check One: We can receive text messages We DO NOT receive text messages  Club Name:				e specified rab	bit tattoo cl	inics a	and mi	ust con	nplete a Junior Fair Entry Form	to
Parent(s) and/or Legal Guardian(s) Name(s): Parent's Cell Phone:    Parent's E-mail Address: Youth Email Address:	Name:			Birth Date:				Grade in school:		
Parent's E-mail Address:    Check One: We can receive text messages	Number of Years Enrolled in Rabbit Project:			Youth's Cell Phone:						
Check One:We can receive text messagesWe D NOT receive text messages  Club Name: Advisor's Name: Advisor's Phone:  Please check Rabbit Project youth is planning to participate in for 2019 (Check all that apply): Rabbit	Parent(s) and/or Legal Guardi	ə(s):	Parent's Cell Phone:							
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MEMBER - DO NOT WRITE BELOW THIS LINE Breed of rabbit planning to exhibit as main project:  Breed:	Please check Rabbit Project y	outh is plar	nning to partici	pate in for 20	19 (Check a	all tha	t appl	y):		
Breed of rabbit planning to exhibit as main project:  Breed:	Rabbit		Doe & Litter		Fryer				Meat Pen	
Breed: Variety: Buck or Doe Jr. Int. Sr. Tattoo #:  Breed: Variety: Buck or Doe Jr. Int. Sr. Tattoo #:  Doe & Litter Information:  Breed of Rabbit Planning to Exhibit: Doe Tattoo #'s  Litter Tattoo #s:  Breed of Rabbit Planning to Exhibit: Doe Tattoo #'s  Litter Tattoo #s:  Breed of Rabbit Planning to Exhibit: Litter Tattoo #s:  Breed of Rabbit Planning to Exhibit: Litter Tattoo #s:  Breed of Rabbit Planning to Exhibit: Litter Tattoo #s:  Breed of Rabbit Planning to Exhibit: Litter Tattoo #s:  Breed of Rabbit Planning to Exhibit: Litter Tattoo #s:  Breed of Rabbit Planning to Exhibit: Litter Tattoo #s:  Breed of Rabbit Planning to Exhibit: Litter Tattoo #s:  Breed of Rabbit Planning to Exhibit: Litter Tattoo #s:  Breed of Rabbit Planning to Exhibit: Litter Tattoo #s:  Breed of Rabbit Planning to Exhibit: Litter Tattoo #s:  Breed of Rabbit Planning to Exhibit: Doe Tattoo #s:  Breed of Rabbit Planning to Exhibit: Doe Tattoo #s:  Breed of Rabbit Planning to Exhibit: Rabbit Tattoo #s:					Information	Below	to be	filled i	in by Committee at Tattoo Clinic	2
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