**RABBIT SHOW
ENTRY FORM
Mail to:
Bill Gauvin – PO Box 65, Central Village, CT 06332**

**Exhibitor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date (Jr’s Only) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Entry Fee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Open Show\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Junior Show \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purebred Pet Class \_\_\_\_\_\_\_ Pet Class \_\_\_\_\_\_\_ Purebred Class \_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
| **Buck/Doe** | **Age of Rabbit(JR/SR/INT)** | **Breed, Variety or Color** | **Ear No.** | **Fee** | **Place**  | **Premium** |
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