

PLEASE PRINT

Entry Blank - RABBITS ENTRY FORM

(For use of Rabbits only) Cochranon Community Fair

Mail / email to address as indicated in the Rabbit Department by July 15th

Exhibitor's No.
Leave Vacant

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Age: (if under 19): _____

Email: _____ ARBA # _____

BREED & VARIETY	EAR NUMBER	CLASS & SEX	ENTRY FEE	# IN CLASS	PLACE	POINTS	PREMIUM

- Carefully read the rules at the beginning of each department and note the last day for entries.
- Please be sure to fill in the Department, Section, Class, and ID# for each entry on the form. Description should Be the same as the Section and Class.
- Livestock exhibitors are required to furnish their own hay and grain.

Livestock Exhibitors

I attest and affirm that a “veterinary-client-patient” relationship” – as that phrase is defined in the Animal Exhibition Sanitation Law found at 3 Pa.C.S.A.2501 et. Seq. and any amendment thereto – exist with regard to any animals I will be exhibiting.

I attest and affirm that I carry my own liability insurance / homeowner’s insurance / insurance on my animals, personal property, and person.. I understand that I am liable for my animal(s)’ behavior. I agree to hold the fair harmless for damage to my property. I enter my items at my own risk.

Signature Of Livestock Exhibitor

Signature of Parent or Guardian if under 19

Date Signed: _____