Print

Rabbits

Name of Exhibitor: _____

Mailing Address: _____City_____

State:_____ _Zip_____Phone_____

Youth(DOB) _____Youth Class_____ Open Class _____

# of Animals Entered: _____No. of Cages: _____

Email Address: _____

Class	Lot#	Breed	Buck	Doe	Color	Awd	Amt

Send Completed Form to: Secretary@4townfair.com
Mail to: ATTN Secretary Four Town Fair PO Box 24 Somers, CT 06071