



BERLIN FAIR

Beckley Road, Berlin, Conn.

RABBITS ENTRY BLANK

Entry Blanks will be mailed to:
T, Campanelli
91 Dayl Drive
Berlin, CT. 06037

Name: _____ Telephone: _____

Address: _____

Birthdate (junior) _____ Total Head Entered _____

Social Security # _____ Email _____

Class	Breed	Ear Tag or Tattoo(if any)	Age	Date Tested For: T.B. Brucellosis + Rabies

Please use the back of the page if more space is needed.

NOTE: ALL HEALTH REQUIREMENTS MUST BE FILLED OUT FOR ENTRY TO BE ACCEPTED! INCOMPLETE ENTRIES WILL NOT BE ACCEPTED. YOU MUST SEND IN COPIES OF HEALTH PAPERS.