

## **Murphys 4-H Rabbit Double Youth Rabbit Show**

**Saturday January 09, 2010  
Calaveras County Fairgrounds  
Angels Camp, CA**

**A.R.B.A. Sanctioned Show**

**Entries must be postmarked by: December 29, 2009**

**Registrar might be available 10:00-2:00**

**Judges: Ray Stacey Dr Scott Williamson  
Jennifer Milburn Ashley Milburn**

**Sponsored by: San Joaquin Rabbit Fanciers  
Show Committee: Steve Kafka: Superintendent  
Caitlin Melenchek & Clinton Kafka Secretary**

**Melenchek's: (209) 728-0531  
Email: janem56@comcast.net  
PO BOX 202 HATHAWAY PINES, CA 95233  
Food & refreshments will be for sale at the show.**

**Overnight parking is available at the fairgrounds. For overnight  
parking info. call the Fairgrounds office at (209) 736-2561**

## **Awards**

**Special Awards will be given to: Best in  
Show & Reserve in Show**



**A trophy or plaque will be given for Best of breed and Best Opposite  
Breed for breeds sanctioned that have at least 10 animals entered.  
Rosettes will be given for Best of Breed and Best Opposite Breed for all  
breeds with less than 10 animals entered.**

### **Donations and Sponsors**

**Sponsors for sanctions and specials are welcome. Our group is  
financially unable to provide ribbons and awards to every exhibitor.  
With your donations of specials hopefully every winning exhibitor will be  
awarded a ribbon. If interested, send your donations with your entry.  
Thank you. To sanction any further breeds contact Jane Melenchek  
(209) 728-0531.**

### **Official ARBA Double Youth Sanctioned Show**

**Brad Boyce, Secretary Bloomington, IL  
Dues: \$12.00 /year: \$30.00 for 3 years  
ARBA Convention: November 7-11 2010 Minneapolis, MN**

### **Silent Auction**

**Donations will gratefully be accepted for our silent auction fundraiser.  
Proceeds will go toward show awards. Please note any donations to the  
show or for any specialty awards at the bottom of the entry form.**

### **Health**

**Please show consideration to your fellow exhibitors and their rabbits.  
Be sure to check your rabbits for signs of illness and parasites before  
bringing them to the show. Show officials and/or judges observing a  
rabbit with obvious signs of disease will eliminate the animal from  
competition and the exhibitor must remove the rabbit from the show  
room.**



## Murphys 4-H Rabbit Show RULES & GUIDELINES:

1. The show will be governed by the latest rules of the American Rabbit Breeders Association. Filling out entry form implies acceptance of these rules.
2. This is a one-day carrying cage show. All cages must be waterproof. There will be 2 separate shows. You may enter one or both shows.
3. All exhibitors and their animals will be entered at own risk. The Murphys 4-H Club, including its leaders and members, assume no responsibility for any accident or injury of animals or exhibitors.
4. The entry fees must accompany all entries. **NO PHONE ENTREES! Incomplete entries will be returned. This could affect your eligibility to participate**
5. Only one exhibitor to a form. If more than one exhibitor uses the same form it will consider one entry. Extra entry forms may be photocopied as needed.
6. Each rabbit must be tattooed in the left ear and the tattoo number written on the entry form.
7. No substitutions on the day of the show, except within the same breed, sex age and variety. Fee of \$5 per rabbit per show charged.
8. It is very important to include all pertinent information on your entry form. If you are unsure of what breed/variety/class to enter ask your leader or advisor.
9. Animals entered in fur must be entered in breed class. If animal is disqualified in breed class then it is ineligible for fur class.
10. No smoking in buildings, no alcoholic beverages allowed on the fairgrounds.
11. Awards must be picked up after the show. It is the responsibility of the exhibitor to bring remark cards to the secretary's table at the conclusion of the show in order to receive ribbons.
12. Parents are responsible for their children. Remember, we are guests of the fairgrounds. Exhibitors are to be in the showroom area only. All other areas of the fairground are off limits!

13. Questions? Call before 8:00 pm: Jane Melenchek (209) 728-0531; email: janem56@comcast.net.
14. PLEASE NO PETS, EXCEPT SEEING EYE DOGS

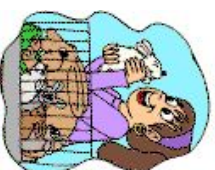
### Entry Information:

Date: Saturday, January 09, 2010
Rabbit Judging begins 9:00 AM
Entry Fees:
\$6.50 per rabbit for double show
\$4.00 per rabbit for 1 show
\$2.00 per fur entry per show
Showmanship \$2.00 per Participating Exhibitor

The Murphys 4-H Rabbit Show is open to all 4-H, FFA and Independent exhibitors 19 years of age and under.

**Showmanship:** The entry fee is \$2.00 per exhibitor payable prior to the show. Sign up prior on entry form by December 29, 09. The animal you use for showmanship must be entered in the show. Uniforms are recommended. Long sleeves are required.

**Breeders Class:** Sign up prior to the show on the entry form for the breeders contest. There is a \$3.00 entry fee. Awards and ribbons will be given. You need to send copy of the pedigree of the buck and doe with entries.



## SANCTIONED BREEDS

### AMERICAN DUTCH RABBIT CLUB

Barb Kline - 4664 S Co Rd 591, New Riegel, OH 44853  
419-595-2050 [ADRCSecretary@aol.com](mailto:ADRCSecretary@aol.com)

**Membership:** New (1 yr) Adult \$15.00 Youth \$13.00 - HW \$19.00 - Family \$25.00 - (Canadians add \$5.00 per year mailing fee - Foreign add \$8.00 per year mailing fee)

**Sanction Fee:** Open \$12.00 - Youth \$10.00. Send sanctions to: Norma Hart, 190 N First Ave, Coal City, IL 60416. Email: [Normahart1@cbcast.com](mailto:Normahart1@cbcast.com)

### AMERICAN FEDERATION OF NEW ZEALAND RABBIT BREEDERS

John Neff - 1351 Holder Ln-Geneva, FL 32732 407-349-0450  
[revzealand121@aol.com](mailto:revzealand121@aol.com)

**Membership:** Adult \$15.00 (new) \$13.00 (renewal) HW \$17.00 (new) \$15.00 (renewal) - Youth \$13.00 (new) \$8.00 (renewal) Family \$28.00 (new) \$23.00 (renewal) - Canadian \$16.00 (new) \$14.00 (renewal) - All other Foreign \$40.00. **Sanction Fee:** Open \$12.00 - Youth \$8.00

### AMERICAN NETHERLAND DWARF RABBIT CLUB

Susan Smith 864 Barkers Creek Rd Whittier, NC 28789

**Membership:** (1 yr) Adult: new \$15.00 renew \$13.00 2 member family: new \$20.00 renew \$15.00 - Youth: new \$10.00 renew \$8.00 - 3+ member family: new \$25.00 renew \$20.00 - (3 yr) Adult: new \$40.00 renew \$35.00 - 2 member family: new \$45.00 renew \$37.00 - Youth: new \$25.00 renew \$20.00 - 3+ member family new \$50.00 renew \$42.00 - Canada & Mexico add \$8.00 per year - Other Foreign add \$15.00 per year (US Funds).

**Sanction Fee:** Open \$15.00 - Youth \$10.00 - Sweepstakes Chairperson: Richard Gehr-190 N First Ave, Coal City, IL 60416 E-mail: [twogehr@cbcast.com](mailto:twogehr@cbcast.com)

### CALIFORNIAN RABBIT SPECIALTY CLUB

Don Mersiovsky - 1156 Elm Grove Spur, Belton, TX 76513

Email: [secretary@nationalcalclub.com](mailto:secretary@nationalcalclub.com)

**Membership:** (1 yr) Adult \$10.00 - HW \$15.00 - Youth \$5.00 - (3 yr) Adult \$28.00 - HW \$43.00 - Youth \$15.00 - Canada and Foreign (1 yr) \$15.00 - (3 yr) \$45.00. [\$2.00 per year each child after first youth in family]. **Sanction Fee:** Open \$10.00 - Youth \$5.00

### HOLLAND LOP RABBIT SPECIALTY CLUB

Pandora Allen - 2633 Seven Eleven Rd, Chesapeake, VA 23322-3144

757-421-9607 [HLRSCSec@aol.com](mailto:HLRSCSec@aol.com)

**Membership:** (1 yr) Adult: New \$15.00, Renew \$10.00 - Combination: New \$19.00, Renew \$14.00 - Youth: New \$12.00, Renew \$7.00 - Family: New \$22.00, Renew \$17.00 - (3 yr) Adult: New \$32.00, Renew \$27.00 - Combination: New \$45.00, Renew \$40.00 - Youth: New \$23.00, Renew \$18.00 - Family: New \$54.00, Renew \$49.00 - Canadian & Mexico service charge \$5.00 (1 yr), \$15.00 (3 yr) - All other Foreign service charge \$10.00 (1 yr), \$30.00 (3 yr). **Sanction Fee:** Open \$15.00 - Youth \$10.00. Send sanction requests to: Linda Pett, 17 Ponderay Place, Concord, CA 94521. Ph: 510-687-7656. email: [Pettrabbit@aol.com](mailto:Pettrabbit@aol.com)

### MINI LOP RABBIT CLUB OF AMERICA

Pennie Grotheer - PO Box 17, Pitsburg, KS 66762

417-842-3317 [minilop@huges.net](mailto:minilop@huges.net)

**Membership:** (1 yr) Adult \$19.00 - HW \$22.00 - Youth \$14.00 - Family \$24.00 - (3 yr) Adult \$39.00 - HW \$48.00 - Youth \$24.00 - Family \$54.00 - Foreign add \$8.00 per year surcharge.

### NATIONAL MINI REX RABBIT CLUB

Jennifer Whaley PO Box 712499 Santee CA 92072

**Membership:** (1 Yr) Adult \$15.00 - Youth \$15.00 - HW \$20.00 - Family \$30.00 - Foreign: \$ 30.00 - (3 Yr) Adult \$40.00 - Youth \$40.00 - HW \$50.00 Family \$75.00 - Foreign: \$ 80.00.

**Sanction Fee:** Open \$10.00 - Youth \$10.00



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Registrar might be available 10:00-2:00

We look forward to seeing you there.

# **Thank you for your SUPPORT of the Murphys 4-H Rabbit Show!**



The University of California prohibits discrimination against or harassment of any person on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (covered veterans are special disabled veterans, recently separated veterans, Vietnam era veterans, or any other veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized) or any of its programs or activities or with respect to any of its employment policies, practices or procedures.

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Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Staff Personnel Services Director, University of California, Agriculture & Natural Resources, 300 Lakeside Drive, 6th Floor, Oakland, CA 94612-3560 (510) 987-0096.

**2010 Murphys 4-H Rabbit Show Entry**  
**Entries must be postmarked by**  
**December 29, 2009**  
**MAIL TO: PO BOX 202**  
**HATHAWAY PINES, CA 95233**

For Show Secretary Use:  
 Exhibitor # \_\_\_\_\_  
 \$ Fees Pd. \_\_\_\_\_  
 Balance Due \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Questions w/ entry? \_\_\_\_\_

Name: (last) \_\_\_\_\_

(first) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Age: \_\_\_\_\_ Year in Rabbit Project (including this year): \_\_\_\_\_

Check One: Show A \_\_\_\_\_ Both Shows \_\_\_\_\_

Showmanship YES \_\_\_\_\_ NO \_\_\_\_\_ FEE: \$2.00 \_\_\_\_\_

Breeder's Class YES \_\_\_\_\_ NO \_\_\_\_\_ FEE: \$3.00 X # Rabbits = \_\_\_\_\_ Need copy of pedigree

**Make checks payable to: Murphys 4-H Club**

Entry	Tattoo #	Breed	Variety	Sr	Int	Jr	Fur	Buck/Doe
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
_____ Total number of rabbits x \$6.50 (both shows) or \$4.00 (1 show)							\$	
_____ Fur entries x \$2.00 each/show							\$	
Optional donation to show or for specific specialty award							\$	
Note donation:								

**Total \$ \_\_\_\_\_**

This form, along with a Waiver of Liability and Youth Medical Release Form (included) must be completed and returned with entries.

MAIL TO: PO BOX 202 HATHAWAY PINES CA 95233

Incomplete forms will be returned, and may affect your eligibility to participate.

**California 4-H Youth Development Program  
Youth Medical Release Form  
University of California Cooperative Extension**

This Medical Release Form is authorized for 4-H functions and activities for the Club/Unit and dates specified below:

_____	_____	_____
First Name	Last Name	Club/Unit Name
Calaveras, CA		January 09, 2010 to January 09, 2010
County and State		Dates (From / To)

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER LEADER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

### Authorization and Consent and Release

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History and parent/guardian status) by contacting the County 4-H Office.

_____	_____
Signature of Parent/Guardian	Date
(_____) _____	(_____) _____
Emergency Day Phone (with area code)	Emergency Night Phone (with area code)
_____	_____
Mailing Address	City State Zip

### Non-Consent

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of an accident or illness.

_____	_____
Signature of Parent/Guardian	Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you/your child, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the State 4-H Director at the California 4-H Youth Development Program, University of California, DANR Building, One Hopkins Road, Davis, CA 95616-8575, (530) 754-8518. Only your own/your child's records are open to your review.

Any known or foreseeable intergovernmental transfer that may be made of the information is as follows: None.

**CONTINUE ON BACK  
California 4-H Youth Development Program**

# Health History Information

University of California Cooperative Extension

_____	_____ / _____ / _____
First Name	Date of Birth

Subject to:	Yes	No	Now Have or Have Had	Yes	No
Colds			Heart Trouble		
Sore Throat			Asthma		
Fainting Spells			Lung Trouble		
Bronchitis			Sinus Trouble		
Convulsions			Hernia (rupture)		
Cramps			Appendicitis		
Allergies			Has appendix been removed?		
Wear corrective lenses?			Do you walk in your sleep?		
Is hearing good?					
Currently under any type of medical care?					
Is there history of behavior disorders, emotional disturbances, or severe moodiness?					
Been under psychiatric treatment within the past five years?					

Date of last Tetanus Vaccination: \_\_\_\_\_

Please check over-the-counter medications that may be administered:

- Tylenol   
  Ibuprofen   
  Cough Syrup   
  Decongestant   
  Dramamine  
 Antacid   
  Polysporin   
  Hydrocortisone   
  Other: \_\_\_\_\_

Please identify allergies including allergies to food, medications, and drug reactions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any disabilities or disorders that may affect participation at 4-H events such as: eyesight, hearing, speech, paralysis, diabetes, ulcer, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all current medications:

Name of Medication	Dosage	Times Taken

Remarks and special instructions. Please explain "yes" answers on this page.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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