
PROJECT ANIMALS

Number of rabbit(s) in project:

Species/Breed(s) and age(s) of your rabbit(s):

Where did you obtain your rabbit(s):

HEALTH CARE

Describe any vaccinations, tests, or disease/health problems for your rabbit(s):

SHARING

How did you share what you learned with others? (Demonstrations, community service, talking to local clubs, helping other youth, Talent Explosion, district shows, State Fair, Clothing Revue, Food Revue, etc.) Do not include Sawyer County Fair.

Activity	Date/Location

SAWYER COUNTY FAIR EXHIBIT RECORD FOR THIS PROJECT

What was exhibited	Placing

WAYS YOU RECEIVED HELP THIS YEAR INCLUDE: (check all that apply)

<input type="checkbox"/>	Attended project training offered in the county
<input type="checkbox"/>	Attended project training offered at District or State Level
<input type="checkbox"/>	Guidance from 4-H Leader
<input type="checkbox"/>	Guidance from Parent
<input type="checkbox"/>	Reading and use of literature, books, audio visual resources
<input type="checkbox"/>	Guest presenters
<input type="checkbox"/>	Own knowledge
<input type="checkbox"/>	Help from friends/other youth
<input type="checkbox"/>	Other (describe)
