



The American Rabbit Breeders Association, Inc.

Devoted to the Interest of Rabbit Raising for Commercial and Fancy

YOUTH COMMITTEE CHAIRPERSON

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A.R.B.A. 2009 NATIONAL TEAM BREED IDENTIFICATION CONTEST

PURPOSE

To acknowledge outstanding group critical thinking skills, demonstrate group initiative and provide problem solving and decision making activities in a small group. This is provided through a state represented team identification competition of ARBA recognized breeds at the ARBA National Convention.

ELIGIBILITY

More than one team in each age division is permitted from every state. Age divisions will be: 11 years and under; 12-14 years; and 15-18 years. The age of a team member is determined as of the last day of the national convention. A team must consist of four members and may have two alternates named. A team must have four members present at the ARBA National Convention.

All team members must be ARBA Youth members and current members of an ARBA chartered club in the state they are representing. A **Contest Participation Release Form** must be submitted for each team member and alternate. Residency in the state is not required.

RULES

1. There is no limit to the number of four member teams that may be formed from each state in each age division.
2. **Team members must participate in their true age group** and may only be a member or alternate on one team.
3. All team members and alternates must report to the Breed Identification area as a group and go through the contest at the same time.

CONTEST PROCEDURES

1. Team members & alternates must check into the contest area together. The team will be placed in a supervised area until ALL members of the team have completed the contest. If a team member leaves the contest area without official supervision, they will not be allowed to return to the area and the team will be withdrawn from the competition.
2. Each team member will be required to identify 25 animals, both rabbits and cavies, listing the complete breed name as printed in the *ARBA Standard of Perfection*. They will also identify the showroom variety/classification, whether a 4 class or 6 class breed, and the registration variety of each of the 25 animals. A separate question or animal will act as a tie-breaker. No abbreviations are accepted.
3. Team score will be the sum of the four individual member scores on the team. In the event of a tie, the team's tie-breaker scores will be added to the total score.
4. Winners will be announced and awards presented at the ARBA Youth Banquet at the National Convention.

ENTRY PROCEDURES

Application must be made on the form provided by the ARBA Youth Department. This form is available from your ARBA District Director, the ARBA office, the ARBA Youth Website, and the ARBA Youth Committee.

Applications must be received by October 1, 2009

Send applications to: Gary Michaud, Box 367, Mt Hope, KS 67108-0367.

- Proof of membership in an ARBA chartered club within the state being represented must be included with the application for each team member and alternate. This can be a copy of a membership card showing the expiration date or a letter from a club secretary verifying membership.

A.R.B.A. NATIONAL TEAM BREED IDENTIFICATION APPLICATION

STATE _____

ARBA DISTRICT _____

Team Name: _____

AGE DIVISION (circle one)

AGES 11 and under

AGES 12-14

AGES 15-18

Adult Team Leader _____ PHONE _____

TEAM MEMBERS: (Must consist of 4 members.)

NAME	BIRTH DATE	A.R.B.A. MEMBERSHIP #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
ALT. _____	_____	_____
ALT. _____	_____	_____

A signed **Contest Participation Release Form** and **proof of membership** in an ARBA chartered club within the state being represented must be included with the application for each team member and alternate. **Applications submitted without the above information will be considered invalid.**

ARBA Memberships must be current by October 1, 2009.

Application must be received by the ARBA Youth Chairman by October 1, 2009. Applications arriving late will be considered invalid.

Send application to: Gary Michaud, Box 367, Mt Hope, KS 67108-0367

APPLICATION SUBMITTED BY: _____