



RABBIT HOPPING SOCIETY OF AUSTRALIA ENTRY FORM

SHOW DATE: Sunday 5th April 2026 _____ SHOW VENUE: Sydney Royal Rabbit Hopping Competition

Name: _____ Address: _____ Phone: _____

	CLASS NUMBER	RABBIT NAME	REGISTRATION NUMBER	HANDLER NAME	OWNER NAME	STUD NAME	MEMBER OF RHSA	FEES
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Members \$5 per entry

Non-members \$6.50 per entry

Please pay via direct debit Rabbit Hopping Society of Australia

BSB 062 528

Account Number 10438945

Receipt number _____

I agree to abide by the RAS General regulations and Animal welfare policy. Signed _____

By submitting this entry I hereby certify that I am the bonafide owner of the rabbits entered hereon. I also certify that none of my stock has been in contact with any infected stock and that I have not suffered losses from any form of disease within the specified quarantine period for such diseases.