## AMERICAN RABBIT BREEDERS ASSOCIATION



Devoted to the Interest of Rabbit Raising for Fancy and Commercial

Parent Body of All Chartered Local and Specialty Clubs / One National Judging and Registration System

PO Box 400, Knox, PA 16232 Phone: 814-797-4129 Fax: 814-797-0221 Email: Info@arba.net

## YOUTH COMMITTEE CHAIRPERSON

Valerie Uptagrafft PO Box 803 Chattaroy, WA 99003 Phone: 509-939-7350 Email: arbayouth@gmail.com

# ARBA 2025 NATIONAL TEAM QUIZBOWL 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 quiz bowl competition of ARBA at the ARBA National Convention.

#### **ELIGIBILITY**

Each state may submit, through their ARBA District Director, ONE team per age division. Age division will be: 11 years and under. The age of a team member is determined as of the last day of the national convention. A team must consist of at least four and no more than six members. A team must have four members present at each quiz bowl round 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. All team members participating on a state team must be residents of said state. Contestants must create an account in the online entry portal and acknowledge the publicity release and indicate t-shirt size.

Your ARBA District Director has the option of submitting a team in each age division consisting of members from within their district. Participants residing in a state without enough participants to form a state team are eligible to participate on a district team. Each district is permitted one district team in each age division.

#### RULES

- 1 Team members must participate in their true age group and may only be a member of one team.
- 2 All team members must agree to be available for all events scheduled.
- 3 Once a round has started there will be no substituting competing members.
- 4 Only the team members or alternates listed on the application will be permitted. No substitution of members will be allowed after submitting the application.

#### **CONTEST PROCEDURES**

- 1 Team pool assignments will be posted by noon on November 15 2025 in the contest area.
- 2 Each team will be assigned to a pool for initial rounds. Each team in a pool will compete against every other team in their pool.
- 3 Teams with the best record will advance out of pool play to compete in the single elimination final rounds.
- 4 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. State organizations are required to inform their ARBA District Director by September 1, 2025 of their intent to participate in this contest. The number of teams from each state must be declared at this time.

Application must be postmarked by September 1, 2025 and should be mailed/e-mailed to your District Director.

• 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.

# ARBA NATIONAL TEAM QUIZ BOWL APPLICATION

	State Team: State: State	0	District Team: District: District	0	
Team Name:					
<b>Contact Person</b>	(representing the tea	ım):			
Team Members	(4-6 members per to				
Name:			Birthdate:	ARBA #:	T-shirt Size
1				_	Size
2					Size
3					Size
					Size
					Size
					- Size
chartered club veach team memory Applications sumemberships management	st Participation Releavithin the state being ber and alternate. bmitted without the sust be current by Aust be postmarked to griving late will be cor	represente above info gust 1, 202 your ARB	ed must be included rmation will be con 25. A District Director	d with the ap	plication for
Application Sub	omitted By:				
District Directo	r:				