

Amount Paid:

Mail Registration to: Chimney Point State Historic Site  
8149 Vermont Route 17W  
Addison, VT 05491  
802-759-2412 fax 802-759-2547  
ChimneyPoint@historicvermont.org www.HistoricVermont.org/chimneypoint

FIFTEENTH ANNUAL OPEN ATLATL CHAMPIONSHIP-NEW LOCATION  
Participant Registration Form

Name:

Mailing Address:

City/State/Zip:

Email:

Daytime Phone Number:

Category: \_\_\_\_\_ Men \_\_\_\_\_ Women (16 and over)  
\_\_\_\_\_ Boys \_\_\_\_\_ Girls (Under 16: \_\_\_\_\_ Age)

Saturday 9/18 Events: \_\_\_\_\_ Accuracy \_\_\_\_\_ Distance  
\_\_\_\_\_ ISAC (International Standard Accuracy Competition)

Registration Fee: \_\_\_\_\_ Enclosed is my check in the amount of \$5.00 per participant.  
(Please make checks payable to State of Vermont.)

Sunday 9/19 Events: \_\_\_\_\_ Second ISAC (\$5.00)

\_\_\_\_\_ Please sign me up for the Atlatl Making Workshop on Friday, September 17<sup>th</sup>,  
12 to 5:00. Enclosed is my check in the amount of \$65.00. (Pre-registration is required.)

\_\_\_\_\_ I am interested in the master coaching class for children and beginning atlatlists.

\_\_\_\_\_ Contact me about volunteering.

\_\_\_\_\_ I am interested in demonstrating a Native American craft or primitive skill. Send information.

I understand that this atlatl event has been organized according to the World Atlatl Association Safety Rules. I accept personal responsibility for the risks and dangers associated with such an event and release the World Atlatl Association, the Vermont Division for Historic Preservation, and related parties from all liability.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian if participant is under 16