



2nd Annual
 Arthur J. LeBlanc
 Memorial
 Take a Shot at Cancer
Outdoor 600 Round



Coolidge Park – Fitchburg, MA 01420

July 24th, 2010

Check out our website at www.takeashot.org for additional information
 Please attach separate athlete sponsorship form to your application

The athlete submitting the most amount of pledge money will receive a new recurve bow!

Athlete information – please print

Name _____ Male () Female () Date of Birth ___ / ___ / ___

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (___) _____ Email Address: _____

Team affiliation (if any) _____

Divisions

- Olympic Bow (recurve)
- Compound (any sight, release)
- Compound (any sight, fingers)
- Barebow (short stabilizer, no sight)
- Traditional (recurve or longbow, wood arrows)
- Traditional Crossbow

Classes

- Masters (50+) (60+)
- Adult (ages 18+)
- Young Adult (ages 15 to 17)
- Youth (ages 12 to 14)
- Cub (ages 8 to 11)

Entry fee

- Adult: \$25
- Child: \$10

Classes are based on the age of the athlete on the day of the tournament (July 24th, 2010)

Shooting times: Your choice is always confirmed unless contacted by our staff prior to the shoot date.

Saturday, July 24th: 10:00 AM 1:00 PM

Mail your completed registration form to:

Take a Shot at Cancer
 c/o Archery USA
 606 Providence Highway
 Dedham, MA 02026

For more information, contact:

Anthony Bellettini
 781-320-3606

Make checks out to:

Take a Shot at Cancer

Shooting Distances:

- Ages 8 to 11: 40, 30, 20 yards
- Ages 12 to 14: 50, 40, and 30 yards
- Ages 15 and up: 60, 50, and 40 yards

Directions:

Make your way to Rt 2 into Fitchburg, MA. Take exit 31B, route 12, into Fitchburg. Go about one mile and turn right onto Bemis Road. Follow Bemis Road for about one mile and bear right at the fork, where it becomes John Fitch Highway. Follow John Fitch Hwy for about another mile, and Coolidge Park will be on your right.

There is no official dress code for this event. Please dress comfortably for the weather.

Consent and Waiver Form - Please Read Carefully Before Signing

In consideration of my involvement in the 2010 Take a Shot at Cancer event, I acknowledge and agree to the following:

- 1) I risk bodily injury, including paralysis, dismemberment and death, as well as loss of or damage to personal property.
- 2) I knowingly and freely assume all risk, and
- 3) I, for myself, and on behalf of my heirs, assigns, and next of kin, hereby release, agree to hold harmless and promise not to sue Dana-Farber Cancer Institute, The State Archery Association of Massachusetts, Archery USA, Take a Shot at Cancer, their officers, directors, officials, coaches, agents, and or employees, with respect to any and all such injury, paralysis, dismemberment and death, and or loss or damage to personal property, from this date forward to the end of time, except that which is resultant of gross negligence and/or willful or wanton misconduct.

HEREBY AGREED:

PARTICIPANTS' SIGNATURE: _____

DATE ____/____/2010

PARTICIPANTS' NAME (print) _____

FOR ATHLETES OF MINORITY AGE (under 18 at time of participation)

PARENT / GUARDIAN SIGNATURE: _____

DATE ____/____/2010

PARENT / GUARDIAN NAME (print) _____