

Junior Bladesmith Championship

APPLICATION FORM (Due before December 15), complete, scan and send to Jessica.Zacher@sdsmt.edu

PARTICIPANTS

Team Name: _____

Participant #1 Name: _____

High School Grade: _____ High School Name & State _____

Email Address: _____

Participant #2 Name: _____

High School Grade: _____ High School Name & State _____

Email Address: _____

Participant #3 Name: _____

High School Grade: _____ High School Name & State _____

Email Address: _____

(teams limited to three or less participants)

PARENTS/GUARDIANS

The following acknowledge participation of their son/daughter/guardian in the competition:

Parent/Guardian Name & Signature (participant #1): _____

Email Address: _____

Parent/Guardian Name & Signature (participant #2): _____

Email Address: _____

Parent/Guardian Name & Signature (participant #3): _____

Email Address: _____

TECHNICAL ADVISOR (encouraged, but optional)

Technical Advisor Name: _____

Email Address: _____

Affiliation (e.g. high school teacher, blacksmith, parent etc.) _____