



WSSA 2016 1st ANNUAL Vermont Family Stack Fest

SATURDAY, March 5th, 2016 (8AM-3PM)
Camels Hump Middle School-173 School Street
Richmond, VT 05477
DOORS OPEN-8:00am



Save a Tree and Register Online by using this link <http://tinyurl.com/zhrkjb>

Proceeds from this event will go to support MMMUSD Elementary Schools P.E. Programs

INDIVIDUAL EVENTS: 3-3-3 ● 3-6-3 ● CYCLE

Stacker's Name _____ Home PH# () _____ **PLEASE PRINT**
Date of Birth (Month/Day/Year) ____/____/____ Age on 3/5/16 _____
Age Division (circle one) 6 & under, 7-8, 9-10, 11-12, 13-14, 15-18, Collegiate (19-24), Masters (25 & up)
Home Address _____ City/Town _____ St. _____ Zip Code _____
School/Organization _____ Parent/Guardian _____
CELL PH# () _____ EMAIL ADDRESS _____

TEAM EVENTS: 4-Person Timed Relay ● 3-6-3

☐ I'm on a relay team. ☐ I'm not on a relay team-will try to join one at the Championship. *TIMED 3-6-3 RELAYS

Relay Team Name _____ Relay Team Coordinator _____

1)NAME _____	AGE _____	STATE _____
2)NAME _____	AGE _____	STATE _____
3)NAME _____	AGE _____	STATE _____
4)NAME _____	AGE _____	STATE _____
5)NAME _____	AGE _____	STATE _____ (optional)

*all relay teams must have at least 4 members-5th member is optional.

****YOU MUST REGISTER
YOUR NEW TEAM
BEFORE COMPETITION
BEGINS AT 9:00AM**

REGISTRATION FEE (Due by Tuesday, March. 1st, 2016)

☐ \$20 Individual Stacker ☐ \$30 For Family if you attend a school in the MMMUSD

☐ \$30- Individual Day of Completion ☐ \$40- Family Day of Completion

\$_____TOTAL amount included

(Please make checks payable to Richmond Elementary School attn: Stack Fest)

No Child will be denied access to Vermont Family Stack Fest, please email brian.godfrey@cesuvt.org about scholarships

PARENT AGREEMENT: "I understand that my child will need to be supervised during the competition. Either my child's Relay Team Coordinator or I will assume this responsibility. By signing this registration, I am granting the World Sport Stacking Association, Speed Stacks, Inc., and their affiliates permission to film and record my child's likeness, appearance, image, name and/or voice in any media. Such film and/or recordings may be sold or used for promotional, broadcast, or other purposes, worldwide. I also verify that the stacker's birth date is accurate. I understand and agree that all registration fees are non-refundable.

SIGNED _____ **DATE** _____

Questions? Call Brian Godfrey (802)279-7581 or email brian.godfrey@cesuvt.org
Information may also be acquired by visiting the www.thewssa.com website.

Mail to: Richmond Elementary School, Brian Godfrey-Director, 125 School Street. Richmond, VT 05477