

2009

**Labor Day Jackpot Handgame Tournament
Great Plains Hall; Arapahoe, WY**

TOURNAMENT RULES

- A. Registration will close Friday September 4th 2009 at 6pm. Once registration has closed you may not add or change players on registration form.
- B. Registration fee is NON REFUNDABLE.**
- C. NO Scarf hiding allowed.**
- D. Guessers- can be anyone on the team. The guesser must let the other team know who is going to be guessing before the hider's hide.
- E. No motioning or fake guessing.**
- F. NO thumb pointing, but you will be able to point with sticks or bones.**
- G. The bones are hidden; you cannot go back under. When guessed you must show both bones!
- H. You can hold off on the last stick ONLY!
- I. No bone hopping.
- J. Doubling of bones will result in FORFEIT of bones only!!!
- K. NO verbal or physical fighting.**
- L. You must start with at least the captain and one other player on your roster. If you do not have your team captain and additional player after a 10 minute grace period, your team will be disqualified for that game only!
- M. The Hand Game committee will have the final objective say if needed during any conflict.
- N. The team captain must inform all members of their team of the rules of the tournament.
- O. Any team members found under the influence of alcohol/drugs will be asked to leave and escorted by security. The player and his/her team will be disqualified from the tournament.**

The Labor Day Jackpot Handgame Tournament is strictly drug and alcohol free. Anyone possessing or found under the influence of Alcohol or drugs at this events is in direct violation of the Wind River Indian Reservation Law and Order Code and will result in the arrest and jail imprisonment and/or fines.

**This event is hosted by: The Northern Arapaho Tourism & Information Corporation
(NATIC)**

**** NATIC and its Handgame committee is not responsible for accidents, thefts, or losses related to games.**

**2009 Labor Day Jackpot Handgame Tournament
Great Plains Hall; Arapahoe, WY
REGISTRATION FORM**

(Please Print)

Today's date:		Team Name:	
TEAM INFORMATION			
Captain last name:		First:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Street address:		Cell phone no.:	Home phone no.:
		()	()
P.O. box:	City:	State:	ZIP Code:
How Did you find out about this event (please check all that apply):		<input type="checkbox"/> Flier	<input type="checkbox"/> Internet <input type="checkbox"/> Friend
<input type="checkbox"/> Family	<input type="checkbox"/> Co-Worker	<input type="checkbox"/> Native Gatherings.com	<input type="checkbox"/> Tribal College

**PLEASE SUBMIT ALL REGISTRATION FORMS NO LATER THAN 6PM SEPTEMBER 4TH 2009. NO EXCEPTIONS
ALL REGISTRATION FEES MUST BE PAID IN FULL BY THIS TIME**

PLAYERS INFORMATION			
Players last name:	First:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Players last name:	First:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Players last name:	First:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Players last name:	First:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Players last name:	First:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	

I the undersigned have read and agreed to the terms of the rules outlined in the Northern Intertribal Handgame Tournament t rules, and I have also informed all team members listed on this application regarding the tournament rules. I understand that my team will not consume any alcoholic beverage or be under the influence of any drugs while attending and participating in said event. If any team member is found to be under the influence of drugs or alcohol, the entire team will be disqualified.

_____ *Team Captain Signature* _____ *Date*

_____ *Committee Member Signature* _____ *Date*

PLEASE SUBMIT ALL REGISTRATION PAYMENTS IN THE FORM OF CASH, CHECK OR MONEY ORDER PAYABLE TO:
N.A.T.I.C.
PO Box 396
Fort Washakie, WY 82514

FOR FURTHER INFORMATION PLEASE CONTACT:

Jonathan Barela (307)240-0671

Donovan Antelope (307)240-0884

Melissa Romero (307)840-0070