



Compton Traditional Bowhunters

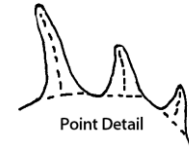
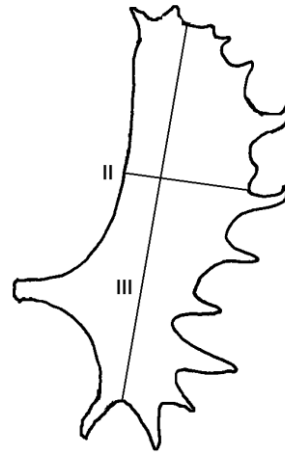
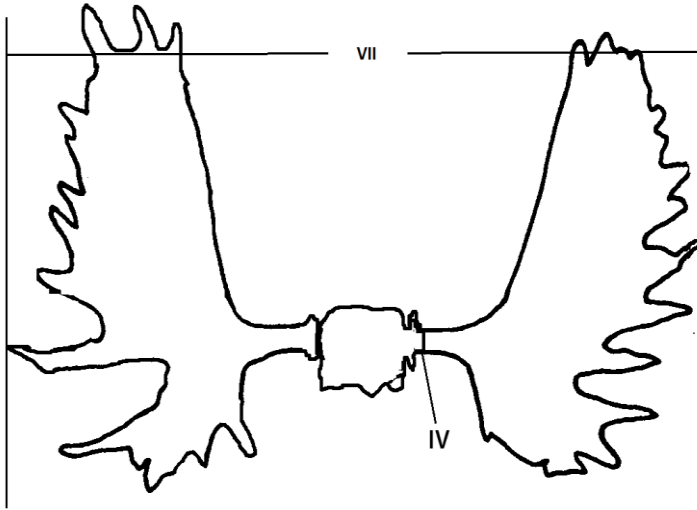
Traditional Bowhunting Archives

MOOSE

Minimum Compton Points: Alaskan-Yukon 160 / Canada 130 / Shiras 120
 *All Measurements taken to the nearest 1/8"

Type of Moose

- Alaska-Yukon
- Canada
- Shiras
- In Velvet



Total number of Abnormal/Non-Typical Points	
Right Antler	Left Antler

	Right Antler	Left Antler
I. Number of points on Antlers		
II. Width of Palm		
III. Length of Palm including the Brow Palm		
IV. Circumference of Beam at smallest point		
Right & Left Antler Sub Totals		
VI. Sub Total (add the right and left side sub-totals)		
VI.I Total number of Abnormal points from the table at the upper right hand corner of this form		
VII. Greatest Spread		
VIII. Total Animal Score - (Add lines VI & VII)		

Compton hunting method point Calculation (place an X in the shaded box to the left of the appropriate method, the correct value will be added)				
IX. Bow Used;	<input type="checkbox"/> Recurve = 0	<input type="checkbox"/> Longbow = 1	<input type="checkbox"/> Selfbow = 2	(Check only one box per row)
X. Arrow Used;	<input type="checkbox"/> Aluminum = 0	<input type="checkbox"/> Carbon = 0	<input type="checkbox"/> Self Made Wood = 1	(Check only one box per row)
XI. Hunting Method;	<input type="checkbox"/> Tree Stand = 0	<input type="checkbox"/> Stalking = 1	<input type="checkbox"/> Ground Blind = 1	(Check only one box per row)
XII. Guided/Unguided;	<input type="checkbox"/> Guided = 0	<input type="checkbox"/> Unguided = 1	(Check only one box per row)	
XIII. Compton Hunting Method Point Sub Total (Add lines IX through XII)				

I certify that the above animal was measured in accordance with the Compton Traditional Bowhunting Archives Method and that the data is correct to the best of my Knowledge

Compton Point Total (Add lines VIII & XIII)	
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Official Measurer's Name, Address & Phone Number:

Hunters Name:

_____ (Print Name)

_____ (Please Print Clearly)

_____ (Address)

_____ (Date Measured)

_____ (City, State, Zip)

_____ (Measurers Phone)

_____ (CTB Official Measurer Signature)

For Archives office use only:	
Amount Paid:	Check #
Date Entered:	
Date Cert Mailed	