Compton Traditional Bowhunters Traditional Bowhunting Archives Barren Ground COMPTON CARIBOU **OWHUNTERS** Quebec-Labrador Minimum Compton Points: Barren Ground 325 / Quebec-Labrador 325 Central Canada 300 / Mountain 300 / Woodland 220 Central Canada *All Measurements taken to the nearest 1/8' Woodland Mountain VII In Velvet Point Measurement Right Antler Left Antler Number of points on Antlers П. Number of points on each brow Ш. Length of Main Beams /8 /8 P-1 /8 /8 Length of Brow Palm or 1st Point P-2 Length of Bez Tine or 2nd Point /8 /8 /8 P-3 Length of Rear Point or 3rd Point (If Present) /8 P-4 Length of second longest Top Point of 4th point /8 /8 P-5 Length of Longest Top Point or 5th point /8 /8 /8 IV Width of Brow Palm /8 /8 /8 ٧ Width of Top Palm C-1 Circumference of smallest point between Brow and Bez Point /8 /8 C-2 Circumference of smallest point between Bez and Rear Point /8 /8 C-3 /8 /8 Circumference of smallest point between Rear Point and first Top Point C-4 Circumference of smallest point between the two longest Top Points /8 /8 Right & Left Antler Sub Totals VI. Sub Total (add the right and left side sub-totals) VII. Inside Spread of main beams /8 Total Animal Score - (Add lines VI & VII) VIII. 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; Recurve = 0 Longbow = 1 Selfbow = 2 (Check only one box per row) Χ. Arrow Used; Aluminum = 0 Carbon = 0 Self Made Wood = 1 (Check only one box per row) XI. Hunting Method; Tree Stand = 0 Stalking = 1 Ground Blind = 1 (Check only one box per row) XII. Guided/Unguided; Guided = 0 Unguided = 1 (Check only one box per row) 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 Compton Point Total (Add lines VIII & XIII) my Knowledge Official Measurer's Name, Address & Phone Number: **Hunters Name:** (Print Name) (Please Print Clearly) (Address) For Archives office use only: Check # Amount Paid: (City, State, Zip) (Date Measured) Date Entered: Date Cert Mailed

(Measurers Phone)

(CTB Official Measurer Signature)