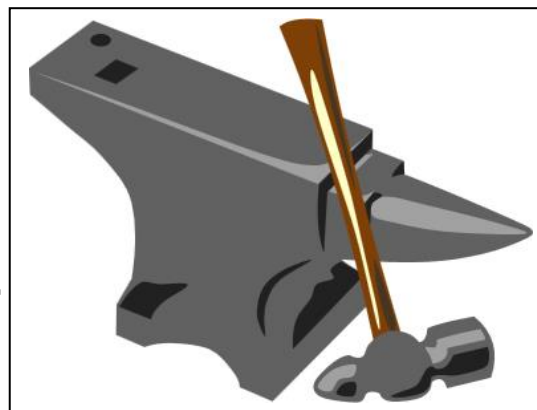


# Blacksmithing For Beginners

at Lake Chautauqua Lutheran Center  
October 13, 2018



Join us for a day of forging and fellowship in which you'll be introduced to the basic blacksmithing techniques of fire management, drawing-out, upsetting, cutting, bending, and twisting. Using these techniques, you will heat a piece of iron to a brilliant glow and with an anvil and hammer create a decorative and useful piece of ironwork. More experienced beginners will be able to try forge welding and tool making, including heat treating.

## Program offerings include:

- \*Basic blacksmith instruction by experienced teachers
- \*Coal, steel, and use of tools
- \*Morning coffee and snacks
- \*Lunch

This is an outdoor event, so please dress appropriately. **Space is limited** to 12 participants.

**WHEN:** Saturday, October 13th from 9:00AM to 4:00PM

**COST:** \$50/person

**LOCATION:** LCLC's Friendship Pavilion

✂ ----- ✂

## Blacksmithing for Beginners Registration (By 10/5/18)

Names \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

(Final Confirmation will occur via email)

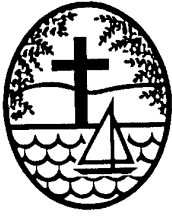
Please make checks payable to LCLC or Charge with your Master Card, Visa, American Express, or Discover:

Amount Enclosed/to be Charged \$ \_\_\_\_\_ Check Number \_\_\_\_\_

Card Type \_\_\_\_\_ Card Number \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_ Exp. \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Lake Chautauqua Lutheran Center, Inc.**

5013 Route 430  
Bemus Point, NY 14712  
716-386-4125  
contact@lclcenter.org  
www.lclcenter.org

**Blacksmithing for Beginners Consent for Medical Treatment Form**

I, the undersigned, hereby authorize a representative of Lake Chautauqua Lutheran Center to seek emergency medical treatment, surgery or dental care to be given to myself as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

Names: \_\_\_\_\_

\_\_\_\_\_  
Signature Physician Phone

\_\_\_\_\_  
Date Insurance Company Policy #

\_\_\_\_\_  
Insurance Company Address City State Zip

\_\_\_\_\_  
Home Phone Work Phone Allergies, Conditions or Medications of which we should be aware?

\_\_\_\_\_  
Medical Conditions continued.... Secondary Emergency Contact: Name Phone Relationship