|  |
| --- |
| **SAN CARLOS APACHE TRIBE****Recreation and Wildlife Department**P.O. Box 97San Carlos, Arizona 85550(928) 475-2343 ext.234FAX (928) 475-2701Email recnwildlife18@gmail.com |
|

|  |  |  |
| --- | --- | --- |
| Terry RamblerTribal Chairman | recnwild | Tim StevensDirector |

 |  |  |

NON-MEMBER HUNTING APPLCATION

FULL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_

DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HEIGT\_\_\_\_\_\_\_\_ WEIGHT\_\_\_\_\_\_\_\_\_ SEX\_\_\_\_

PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I AM APPLYING FOR THE FOLLOWING SAN CARLOS HUNTS:

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1ST ELK ARCHERY |  | NOV. COUES DEER A, B, C, D |
|  | 2ND ELK ARCHERY |  | 1ST JAN. COUES DEER A, B, C, D |
|  | ELK ANTLERLESS  |  | 2ND JAN. COUES DEER A, B, C, D |
|  | ELK RIFLE |  | 3RD JAN COUES DEER A,B C, D |
|  | MANAGEMENT CULL |  | JAN. R-100/C |
|  | ANTELOPE |  |  |

|  |  |
| --- | --- |
|  | $5.00 HABITAT STAMP |
|  | $15.00 TAG |

**- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**

TYPE OF PAYMENT

CHECK CREDIT/DEBIT CARD MONEY ORDER

CREDIT/DEBIT CARD # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXP. DATE: \_\_\_\_\_\_\_\_\_\_\_ CVS: \_\_\_\_\_\_\_\_\_\_\_

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**

OFFICE USE ONLY.

PLEASE SIGN WHEN PROCESSED

SIGN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_