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

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 SPRING TURKEY |  | JAVELINA ARCHERY A, B, C, D, R100/C |
|  | 2ND SPRING TURKEY |  | SPRING BEAR A, B, C, D, R100/C |
|  | 3RD SPRING TURKEY |  | 1ST FALL BEAR A, B, C, D, R100/C |
|  | FALL TURKEY |  | 2ND FALL BEAR A, B, C, D, R100/C |
|  | JAVELINA RIFLE A, B, C, D, R-100/C |  |  |

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

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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_