

Hunters Registration Form

License Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Personal Information

Primary Phone Number: _____ Secondary Number: _____

Fax Number: _____

Email: _____

Emergency Contact: _____ Numbers: _____

Relation: _____

Occupation: _____ Number: _____

Medical Conditions/Allergies (if any):

Daily Medication (if any): _____

Height: _____ Weight: _____

Have you ever hunted in Canada before? _____

Have you ever hunted waterfowl before? _____

What gauge shotgun will you be hunting with? _____

What size shells do you prefer to shoot? _____

Additional Information: _____

Dates that you will be hunting: _____

“It is very important that you provide us with as much information as possible so that we can ensure that you have the most safe and comfortable hunt available.”

Signature: _____ Date: _____