



Anne Arundel County Recreation and Parks Department

MANAGED DEER HUNTING  
PARTICIPANT INFORMATION FORM

2017-2018  
Season

RETURNING HUNTER

Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mailing Address if Different from Above:**

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**E-Mail Address\*:** \_\_\_\_\_

\*This is our primary way to contact program participants.

Emergency Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Please list any medical conditions that you would like us to be made aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552a): Authority: 5 U.S.C. Section 301

Principle Purpose: To provide home address, telephone number and birthdate to hunting and fishing authorities.

Routine Uses: Information may be disclosed to local, state, and federal hunting and fishing authorities.

Disclosure: Voluntary. If information is not provided, individuals may be deprived of hunting and fishing privileges.