



Anne Arundel County Recreation and Parks Department

MANAGED DEER HUNTING
PARTICIPANT INFORMATION FORM

2020-2021

RETURNING HUNTER

Date of Birth: _____

Last Name: _____ First Name: _____ M.I. _____

Home # (if applicable): _____ 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.