



# MANAGED HUNT PARTICIPANT INFORMATION FORM

# 2024

## RETURNING HUNTER

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

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

Address: \_\_\_\_\_

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

### Mailing Address, if different from above:

Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
*(this is our primary way to contact you - please print legibly)*

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.*



STRIVING FOR SUSTAINABILITY IN OUR PARKLANDS