

Hunter/Outfitter Registration Form 2018



OUTFITTER	
HUNTER'S NAME	
MAILING ADDRESS	
PHONE NUMBER	
HAL NUMBER	
LICENSE NUMBER	
SEAL NUMBER	
HARVEST DATE	
HARVEST ZONE	
LAND LOCATION	Legal land description or coordinates or location description such as one-mile north of Crutwell on Briarlea Road.
DEER SPECIES	

I _____ agree to donate my deer to Hunters with Heart.
Print name

Signature: _____ Date _____
Month/Day/Year

Please contact Don Erhardt (306) 764-8970 or Gord Vaadeland (306) 469-7876 to donate to the Hunters with Heart Program.

For Office Use Only:

Assigned CWD# _____ Hunter requests CWD testing results

Freezer Tag # _____

Thank you for your participation in this worthy cause.