



Deer Management Program Application

Name
(Please Print):

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First

Last

MI

D.O.B.

Home
Address:

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| | | | |
|--|--|--|--|

Street Address

City

State

ZIP

Contact
Information:

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| | | |
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Primary Phone

Alternate Phone

Email

DNR
Information:

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DNR Customer ID Number

Archery License Expiration Date

Site Selection Preference:

Please check the corresponding box next to your preferred site location area. Deer Program Administration will do it's best to assign selected - participants to their preferred site locations, however, checking a box below does not guarantee you will be assigned to your preferred site. If you would like to request a specific Site Number, please write it in next to the "other" box along with the area name (ie: Site 1, Baird Creek).

Baird Creek Parkway

He-Nis-Ra Park

UW-Green Bay Arboretum

Other (site or area)

If you are selected to participate in the program, would you be willing to share your designated site with an additional hunter?

No

Yes

Background:

Have you already completed an Archery Proficiency Test? (if yes, please provide date & testing location)

No

Yes

Have you ever been convicted of a Felony or hunting related violation? (if yes, please explain)

No

Yes

The completion of this application does not guarantee admission to the City of Green Bay Deer Management Program. Each application will be reviewed as explained in the Participant Selection section of the Deer Management Program Manual.

Applicant Signature

Date