



WHITPAIN TOWNSHIP DEER MANAGEMENT APPLICATION

PERSONAL INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ E-Mail: _____

Vehicle make/model: _____

License plate #: _____ Vehicle color: _____

HUNTING INFORMATION

PA Game Commission CID #: _____

Number of antlerless tags possessed: _____

Have you ever been convicted of a game law violation: _____

If you answered yes above, please explain: _____

Bow used: Crossbow _____ Compound _____ Traditional _____

How many years have you archery hunted: _____

Can you consistently place 6 arrows in a 6" circle shot from a distance of 20 yards? _____

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted to the Whitpain Township Deer Management Program, any false statements, omissions, or other misrepresentations made on this application will result in my immediate dismissal. I hereby agree to adhere to all PA state Game Laws as well as all policies put in place by Whitpain Township for their Deer Management Program.

Print name: _____

Signature: _____

Date: _____