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| **SAN CARLOS APACHE TRIBE****Recreation and Wildlife Department**P.O. Box 97San Carlos, Arizona 85550(928) 475-2343 ext.234FAX (928) 475-2701 |
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| Terry RamblerTribal Chairman | recnwild | Tim StevensDirector |

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NON-MEMBER LOTTERY DRAWING APPLICATION

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I AM APPLYING FOR THE FOLLOWING SAN CARLOS LOTTERY HUNT:

(PLACE AN [X] IN BOX ALSO CIRCLE UNIT DESIRED)

|  |  |
| --- | --- |
|  | 1ST SEPT. ELK ARCHERY- MALAY GAP |
|  | 2ND SEPT. ELK ARCHERY- MALAY GAP |
|  | ANTLERLESS ELK- DRYLAKE, NINEMILE, OR MALAY GAP |
|  | CULL ELK- DRYLAKE, HILLTOP, OR NINEMILE |
|  | ELK RIFLE- MALAY GAP |
|  |  |

|  |  |
| --- | --- |
|  | ANTELOPE- 1ST OR 2ND ASH FLAT |
|  |  NOV. COUES DEER-UNIT A, B, C, OR D |
|  | NOV. COUES DEER- R-100/C (GUIDE REQUIRED) |
|  | 1ST JAN. COUES DEER-UNIT A, B, C, OR D |
|  | 2ND JAN. COUES DEER- UNIT A, B, C, OR D |
|  | 3RD JAN. COUES DEER- UNIT A, B, C, OR D  |
|  | JAN. COUES DEER- R-100/C (GUIDE REQUIRED) |

**\*\*\*NON-REFUNDABLE $26.00 APPLICATION FEE IS REQUIRED PER LOTTERY DRAWING ENTRY\*\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| 1ST CHOICE |  | 4th CHOICE |  |
| 2ND CHOICE |  | 5TH CHOICE |  |
| 3RD CHOICE |  | 6TH CHOICE |  |

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand once my 1st choice hunt is drawn (Coues Deer and/or Elk) my credit/debit card will be charged automatically.

TYPE OF PAYMENT: CHECK CREDIT/DEBIT CARD MONEY ORDER

 CREDIT/DEBIT CARD # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EXP. DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Office use only. Please sign when processed)

Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_