

## **APPLICATION INFORMATION**

Savannah River Site invites you to submit an application for the annual deer hunts. Please read and follow all instructions.

- Print the application.
- Fill out the information completely. Incomplete applications will not be processed.
- You must check the box stating that you have read the Rules, Cesium -137, and Indemnification Statements for the application to be processed.
- Social security number is required for application process and NCIC check. All social security numbers will be kept confidential.
- All standers wishing to hunt as a group should put their information on one (1) application.
- Do not submit your name on more than one (1) application. Failure to follow this rule will result in you and your group being removed from the hunt selection lottery.
- Each applicant must check box stating they have read and agree to the Rules, Cesium -137, and Indemnification Statements.
- Choose the alphabetical code from the hunt date you would like for your three choices (example: 1<sup>st</sup> choice - D, 2<sup>nd</sup> choice - L, 3<sup>rd</sup> choice - A).
- If selected, a selection notice will be mailed to you. Once notified you will be instructed to send hunt fees. Do not send money now.
- Application must be postmarked on or before **July 31, 2009**.
- Mail the application to the address below or fax to (803)725-6715.

Savannah River Site  
Deer Control Activity  
730-A, 196  
Aiken, SC 29808  
(803) 725-3170

<u>Saturday Hunts</u>	<u>Wednesday Hunts</u>
A – October 31	B – November 4
C – November 7	D – November 11
G – November 21	F – November 18
I – November 28	H – November 25
K – December 5	J – December 2

Select Hunt Date  
Use Alphabetical Code

	1 <sup>st</sup> choice
	2 <sup>nd</sup> choice
	3 <sup>rd</sup> choice

\*Alphabetical code E is not used\*

**PLEASE PRINT**

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_

I have read the Rules, Cesium -137, and Indemnification Statements. (box must be checked)

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_

I have read the Rules, Cesium -137, and Indemnification Statements. (box must be checked)

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_

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Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_

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Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_

I have read the Rules, Cesium -137, and Indemnification Statements. (box must be checked)

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