

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: 1st choice - D, 2nd choice - L, 3rd 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, 2008.
- Mail the application to the address below or fax to (803)725-6715.

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

Saturday Hunts

Wednesday Hunts

**Select Hunt Date
Use Alphabetical Code**

| | |
|-----------------|-----------------|
| A – October 25 | B – October 29 |
| C – November 1 | D – November 5 |
| E – November 8 | F – November 12 |
| I – November 22 | H – November 19 |
| K – November 29 | J – November 26 |
| | L – December 3 |

| | |
|--|------------------------|
| | 1 st choice |
| | 2 nd choice |
| | 3 rd choice |

Alphabetical code G 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: _____

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