



**NATIONAL WILD TURKEY FEDERATION (NWTF)
[INSERT TYPE OF MENTORED HUNT] HUNT APPLICATION**

We want to thank you for your interest in [insert type of hunt] hunting and our mentored hunt program.

Our hope is that you will have a hunting experience you will remember for a lifetime.

Because space for the hunt is limited to [insert number of maximum participants], please be sure to fill out this application completely and email to [insert contact name] at [insert contact email address]. You will be contacted to confirm your application has been received.

All applications must be received by [insert date].

[insert type of hunt] Hunting Seminar & Safety Day – [insert dates/times]

Mentored [insert type of hunt] Hunt will take place on [insert dates/times]

Processing Day with Newton HS FFA – [insert dates/times]

First name: Last name:

Age at time of hunt:

Address:

City: State: Zip Code:

CID Number (found on hunting license):

Home Phone: Cell Phone: Email Address:

Emergency Contact (Name & Number):

Participants are required to have a valid New Jersey Archery Hunting License by the date of the hunt. It is the sole responsibility of the individual hunter to understand and abide by the hunting regulations as published by the New Jersey Department of Fish & Wildlife. A copy of the regulations can be found online at: [New Jersey Hunting Regulations](#). All hunt participants are required to attend the Mentored Hunt Seminar & Safety Day on [insert dates/times]. The seminar will be held at [insert Address]. All participants are required to have their own [insert type of equipment] equipment and be proficient with same.

This hunt is open to ALL [insert who hunt is open to], [insert minimum age] years or older.

Have you completed a Hunter Education Course? Yes No

Have you ever purchased a hunting license? Yes No

If yes, what was the last year you purchased a hunting license: _____

Have you ever been hunting? Yes No

How many times have you been hunting in the last 5 years? _____

If, yes, briefly describe your hunting experience(s):

Have you ever participated in this Mentored Hunt Program? Yes No

Why are you interested in hunting?

Maintain tradition Feed my family Sustainable food source

Outdoor recreation Spend time with family Wildlife Management

Does anyone in your home, besides you, hunt? Yes No

Do you have your own [Insert equipment type] equipment? Yes No

What type of [Insert equipment type] equipment do you have? Compound Crossbow Shotgun

If Other, please list here:

Are there any medical conditions/allergies that we need to be aware of in the event of an emergency, if so, please explain?

If you have any questions about this program or hunt, kindly reach out to [Insert contact name] via email:
[Insert contact email address]

NOTICES

PRIVACY ACT STATEMENT

Authority: The Fish & Wildlife Act of 1956 (16 USC 742a-742j-l), the National Wildlife Refuge System Administration Act of 1966 (16 U.S.C. 668dd-668ee) as amended, and the Refuge Recreation Act of 1962 (16 U.S.C. 460k-460k-4).

Purpose: The National Wild Turkey Federation will collect this information on behalf of the Fish and Wildlife Service in order to determine your eligibility to participate in a mentored hunt program on a National Wildlife Refuge.

Routine Uses: This information you provide may be disclosed according to Freedom of Information Act (FOIA), the Privacy Act of 1974 and the routine uses listed in System of Records Notice (SORN) INTERIOR/FWS-21, Permits System (68 FR 52610) September 4, 2003; modification published (73 FR 31877) June 4, 2008, available at: <https://www.doi.gov/privacy/fws-21-permits-system>.

Disclosure: Furnishing this information is voluntary; however, failure to provide all the requested information will prevent you from being able to participate in a mentored hunt.

PAPERWORK REDUCTION ACT STATEMENT

We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*) to determine eligibility for the mentored hunt program, and to respond to requests made under the Freedom of Information Act and the Privacy Act of 1974. The information that you provide is required to obtain or retain a benefit; however, failure to provide all required information is sufficient cause to deny application to the program. False, fictitious, or fraudulent statements or representations made in the application may be grounds for revocation of the Special Use Permit and may be punishable by fine or imprisonment (18 U.S.C. 1001). According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. OMB has approved this information collection and assigned control number 1018-####.

ESTIMATED BURDEN STATEMENT

We estimate the public reporting burden for this information to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Service Information Clearance Officer, U.S. Fish and Wildlife Service, 5275 Leesburg Pike, MS: PRB (JAO/3W), Falls Church, VA 22041-3803, or via email to Info_Coll@fws.gov. Please do not send your completed form to this address.