|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Number | Location  | Date | Witness (Signature and Phone Number) |
|  |  |  |  |  |

**FRANKLIN COUNTY ARCHERS**

**GAME CLAIM**

APPLICANTS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLAIM NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Only claims on official forms will be recognised.  They must be received by the Game Recording Officer **within 30 days** of the kill.

- - - - - - - - - - -  - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - OFFICE USE ONLY:  DATE RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_ DATE RATIFIED: \_\_\_\_\_\_\_\_\_\_\_

                                  POINTS AWARDED: \_\_\_\_\_\_\_\_\_\_\_\_\_ AWARD WON: \_\_\_\_\_\_\_\_\_\_\_\_\_

CLAIM NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HUNTS MASTER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_