



# 2017 Elk Application

The Little Traverse Bay Bands of Odawa Indians  
2017 Elk Application

Name: \_\_\_\_\_  
Last First Middle

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

City State Zip

License #: H- \_\_\_\_\_ Date of Birth \_\_\_\_\_ Tribal Enrollment # \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Ph. # \_\_\_\_\_

Cell Ph. # \_\_\_\_\_ Work Ph. # \_\_\_\_\_

Email: \_\_\_\_\_

Male  Female

**It is your responsibility to keep the NRD office informed of any changes to your contact information – if your name is selected for the elk hunt and your contact information is not correct when NRD tries to contact you to announce you have been selected to hunt, NRD will go onto the next alternate and you will lose your chance for the elk hunt and all of your chances accumulated.**

Please select the type of permit you are interested in by checking applicable box

Antlered (Either Sex)  Anterless – Cow Only

Please select the hunting season that you would like to hunt by checking applicable box: (seasons are approximate until finalized for the 2017 season)

Early Elk Season (August – September)  Winter Elk Season - (December)

Management Units will be determined at a later date before the Elk Drawing that will be held on July 12, 2017 at the Regular Natural Resource Commission Meeting at 6 p.m. You will only be notified if you are selected to receive an Elk Tag Permit. It is your responsibility to keep LTBB NRD informed of any changes to your contact information, failure to do so may result in losing your chance to participate in the Elk Hunt if LTBB NRD staff cannot contact you or get a response from you in a reasonable amount of time.

I certify that the above information is true and I have read and received a copy of the LTBB Elk Permit Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please note it is your responsibility to keep our office informed of any changes in your contact information – failure to keep your file up to date may result in losing your chance for the Elk Hunt if our office cannot make contact with you from the information provided.

DO NOT WRITE BELOW THIS LINE (For LTBB Office Use only)

Received by \_\_\_\_\_

Amount Received \_\_\_\_\_

Method of Payment \_\_\_\_\_

Date \_\_\_\_\_

Status:  Elder  Minor

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

Season: \_\_\_\_\_

Sex Tag: \_\_\_\_\_

Unit: \_\_\_\_\_

Accepted Tag:  Date: \_\_\_\_\_

Declined Tag:  Date: \_\_\_\_\_

State Flagging #: \_\_\_\_\_

Reason: \_\_\_\_\_