2020 Elk Application

The Little Traverse Bay Bands of Odawa Indians
2020 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 chances accumulated.

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

☐ Antlered (Either Sex – Bull or Cow) ☐ Antlerless – Cow Only

Please select the hunting season that you would like to hunt by checking applicable box: (seasons are approximate until finalized for the 2020 season)

☐ Winter Elk Season - (December)

Management Units will be determined at a later date, the Elk Drawing that will be held on the 2nd Wednesday in July at the Regular Scheduled 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 the NRD office informed of any changes in your contact information – failure to keep your contact information up to date may result in losing your chance for the Elk Hunt if the NRD 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:_____ Reason: _____
State Flagging # : _____