



Date: _____

HUNTER REGISTRATION

P.O. Box 586 DeWitt, AR 72042 870.880.7423 www.5-Oaks.com

Name: _____
First Middle Last

Home Address: _____
Street Address

City State ZIP

() ()
Home phone # Cell#

E-mail address _____

Host Name: _____

Arrival Date: _____

Do you have an Arkansas hunting license? _____
Arkansas Hunting license #

The following information in green is not needed if you have an Arkansas license.

Driver's License Number: _____ State: _____ DOB: _____

Hair Color: _____ Eye Color: _____ Height: _____

Do you have a Federal Duck Stamp? _____

Do you have any allergies or special medical needs? _____

Emergency Contact: _____

Do you want processed ducks? ____ Yes ____ No ____ If yes...Take with you? ____ Ship to you? ____
If shipped, what is your shipping address?:

Street Address _____

City State Zip