

ARCHERY DRAWING APPLICATION

Name (**ONE** name per application) _____

Address _____ City _____ Zip _____

Email Address (**required**) _____

Day Phone _____ Cell Phone _____

Signature of Guardian (if under 18 years old) _____

Ohio Division of Wildlife Customer ID# (from hunting license) _____

Applicants must include a photocopy of a valid 2019-2020 State of Ohio Hunting License.

Please print, complete and mail to: ARCHERY PROGRAM, PO BOX 5250, AKRON, OH 44334

Applications must be postmarked by July 17, 2019. *Only one application per person.*