

# ARCHERY DRAWING APPLICATION

Name (**ONE** name per application) \_\_\_\_\_  
*Last* *First* *MI* *Suffix*

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 2021-2022 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 12, 2021. *Only one application per person.*