

ARCHERY DRAWING APPLICATION

> ONE NAME PER APPLICATION <

Name (*Last, First, MI, Suffix*) _____

Address _____ City _____ Zip _____

Email Address (*required*) _____

Phone (*cell# preferred*) _____

Signature of Guardian (*if under 18 years old*) _____

Ohio Division of Wildlife 9 Digit Customer ID# (*from hunting license*) _____

Applicants must include a photocopy of a valid 2025-2026 State of Ohio Hunting License.

> VEHICLE THAT WILL BE USED <

Color _____ Year _____

Make _____ Model _____

License Plate Number _____

Please complete, print and mail to:

ARCHERY PROGRAM, PO BOX 5250, AKRON, OH 44334

Applications must be postmarked by July 7, 2025. *Only one application per person.*

***** ONLY TYPED APPLICATIONS WILL BE ACCEPTED *****