

# 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 2026-2027 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 6, 2026. *Only one application per person.*

**\*\*\* ONLY TYPED APPLICATIONS WILL BE ACCEPTED \*\*\***  
**APPLICATIONS FILLED OUT BY HAND WILL BE DISCARDED**