

Application for Permit - Horseshoe Bend Recreational Area - Deer Hunting Only

APPLICANT'S NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER (H) _____ (W) _____ (cell) _____

IDNR TAG IS FOR: ANY SEX [] ANTLERED [] NON-ANTLERED []

This Application is for:

Youth/Disabled Season _____

Bow/Archery Season _____

My Request for Specific
Permit Period

Choice One _____

Choice Two _____

No preference is given to your
choices

Remember to return this form with your \$25
registration fee payable to the DCCB,
1924 240th Street, Milford, IA. 51351

I, the undersigned, hereby request the Dickinson County Conservation Board (DCCB) to consider me as an applicant for a deer bow or Youth/Disabled hunting permit for Horseshoe Bend Recreational Area. I agree to the parameters, as established by the DCCB and as described by the attached Rules and Regulations and Selection Criteria. I further agree that in the event of my failure to include a stamped & self-addressed envelope with this application, for the return of my application fees - in the event of my application not being approved for a permit, the DCCB will retain my registration fee and will be considered a donation.

applicant's signature