

Hunter Ed Student Registration



Student Information:

First Name: _____ Middle _____ Last

Name: _____ Suffix: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

DOB: _____ Gender: Male Female

Parent E-Mail Address: _____

Have you previously purchased a Life Time License for your child? Yes _____ No _____

Walk-In Student Yes _____ No _____ Mailing Zip Code: _____

Mailing Address: _____ City: _____ State: _____

Country: _____ Mailing Phone Number: (_____)- _____ - _____

Ethnicity: African American _____ Asian/Pacific Islander _____ Caucasian _____ Hispanic _____
Native American _____ Other _____

Have you previously purchased a Lifetime License: Yes _____ No _____

How did you hear about this class? _____

Rate your experience registering for this class: Very Hard _____ Hard _____ OK _____ Easy _____ Very easy: _____

Favorite outdoor activity: **(Pick One)** Fishing _____ Hiking _____ Camping _____ Canoe-Kayaking _____
Bird Watching & feeding _____ Target Shooting _____ Hunting or going with a hunter _____
Trapping or going with a trapper _____

Hunting Experience: None _____ Minimal _____ Moderate _____ Experienced _____

Agree to terms of parental consent

Understand and agree to the terms of the photo consent:

Can this student be notified by e-mail: Yes _____ No _____

Instructor Use Only

Pass _____ Fail _____

Audit _____ Other _____

Parent Signature: _____ Date: _____