Vermont Hunter Education Program Student Registration Form

If you registered for this class online, you do not need to fill out this form.

Student Information:

First Name: _______________________________ Middle Initial ______ Last Name: _______________________________ Suffix: ______

Street Address: ____________________________________________________________________________________________ Apt #: ______

City: __________________________________________ State: _______ Zip: __________________________

DOB: __________________________ Gender Identity: __________________________________________

E-Mail Address (or e-mail address of parent, if under 16): __________________________________________________________

Do you have a Lifetime License that needs to be activated (circle one)? Yes  No

Walk-In Student (circle one)? Yes  No  Phone Number: ( )-_____ - _________

Mailing Address (if different from physical address): __________________________ City: __________________________

State: __________________________ Country: __________________________ Mailing Zip Code: __________________

Ethnicity (circle any/all that apply): African American  Asian/Pacific Islander  Caucasian  Hispanic  Native American  Other

How did you hear about this class? __________________________________________________________

Rate your experience registering for this class (circle one): Very Hard  Hard  OK  Easy  Very easy

Favorite outdoor activity (circle 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 (circle one): None  Minimal  Moderate  Experienced  

Firearm Experience (circle one): None  Minimal  Moderate  Experienced

Class Type (circle one): Hunter Education  Bowhunter  Combo(Hunter/Bow)  Trapper

Class Start Date: __________________________

I understand and agree to the terms of parental consent (see back):  

Can we notify you by e-mail about upcoming events, for questions about this course, etc.? Yes  No

Parent Signature (if under 16): __________________________ Date: __________________

Instructor Use Only

Student Results

Pass _______ Fail _______ Audit _______ Other _______

Instructor Name (print): __________________________

Instructor Signature: __________________________