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:

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First Name:	_ Middle Initial l	.ast Name:		Suffix:	
Street Address:				Apt #:	
City:		State:	z	ip:	
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 activa	ted (circle one)? Yes	No			
Walk-In Student (circle one)? Yes No	Phone N	umber: (
Mailing Address (if different from physical address):			City:		
State: Country	/ :	I	Vlailing Zip Code:		
Ethnicity (circle any/all that apply): African American How did you hear about this class?			•	Native American Other	
Rate your experience registering for this clas	S (circle one): Very Har	d Hard OK	Easy	Very easy	
Favorite outdoor activity (circle one): Fishing Canoe/Kayaking Bird Watching & for the Hunting or going with a hunter Trapp	eeding Target shoo	oting	Instructor Use Only Student Results		
			Pass _	Fail	
Hunting Experience (circle one): None Minima Firearm Experience (circle one): None Minimal	·		Audit	Other	
Class Type (circle one): Hunter Education Bowh	•		Instructor Name (print):		
I understand and agree to the terms of parer I understand and agree to the terms of the p	ntal consent (see back): <u> </u>	Instructor Signature:		
Can we notify you by e-mail about upcoming	events, for questic	ons about this cour	se, etc.?: \	'es No	
Parent Signature (if under 16):				Date:	