MCE ARCHERY ONLY LAND USE PERMIT

Hunter Name: _____ Permit #: _____

Address: _____

_____

Telephone #: _____ Drivers License #: _____

Montana Fish, Wildlife & Parks ALS#:_____

Sex: _____ Weight: _____ Height: _____ Eyes: _____

Hair: _____ Date of Birth: _____ Permit Issued On: _____

Permit Time Period: _____

MCE Authorized Signature: _____

THIS WILL BE ON A 3 ½" X 5" (OR SMALLER) LAMINATED CARD THAT WILL FIT IN A SHIRT POCKET

CARDS WILL BE COLOR CODED EACH YEAR.