

PO Box 69, Jaffray, British Columbia, Canada VOB 1T0 250.429.3560 | fax 250.429.3487 www.rmho.ca | info@rmho.ca

PERSONAL INFORMATION SHEET

The following information is required for our records and for license and tag applications.

Please complete and return as soon as possible.

LAST NAME			FIRST NAME	INITIAL	
ADDRESS					
TOWN/CITY			PROV/STATE	_ PROV/STATE ZIP/POSTAL	
PHONE ()	FAX	()	E-MAIL		
DATE OF BIRTH (mm	n/dd/yr)/	/	_/ SEX male	female	
The follow	ing information will	help us plan a m	ore comfortable, safe, and	successful trip for you:	
Horse experience	None	Beginner	Intermediate Exte	nsive	
Physical condition	Excellent	Good	Fair Poor		
Have you had any ki	nee or back surgery in the	e last year?	Yes No		
Previous hunting ex	perience				
Do you require any s	special diet for health rea	sons?			
List any food allergie	es				
, 3			with any medications you are aller		
Height	Weight	Age (at time of h	unt) Smoker: [Yes No	
Emergency contact	name and number				
	-		e for all license and tag application of the following serious forms of the following serious for all licenses and tag applications of the following serious forms of the following seriou		
Basic Non-Resid	dentdent	\$ 190	Elk	\$ 265	
NRHPF (Non-Resident Hunting Preservation		Fund)125	Grizzly Bear	1100	
Black Bear		190	Moose	265	
Cougar		245	Mountain Goat	375	
Mule Deer		135	Mountain Sheep	665	
Whitetail Deer		135	Wolf	55	
Combined Bobc	at/Lynx/Wolverine	42			

Please enclose a cheque made **payable in US dollars** to Rocky Mountain High in the amount of the required license and tags and the mandatory Non-Resident Hunting Preservation Fund