

HUNTER EDUCATION COURSE APPLICATION

To Schedule a Hunter Education Course Please Complete and Submit This Form to the Hunter Development Program Office

Start Date: _____ Time: from _____ to _____

End Date: _____ Time: from _____ to _____

Comments:

Student Minimum: _____

Student Maximum : _____ Live Firing Class: Yes No

CHIEF INSTRUCTOR/CONTACT INFO:

GO Customer ID #: _____ Name: _____

Email: _____

Phone #: _____ Mobile Phone #: _____

ADDITIONAL INSTRUCTOR(S)/CID #:

GO Customer ID #: _____ Name: _____

GO Customer ID #: _____ Name: _____

GO Customer ID #: _____ Name: _____

GO Customer ID #: _____ Name: _____

GO Customer ID #: _____ Name: _____

LOCATION INFORMATION:

Location Name: _____

Address: _____

City: _____ Zip Code: _____

Comments:

Return to: **Wildlife Resources Division**
Hunter Education Coordinator
2065 US Hwy 278 SE Social Circle, GA 30025
HS-temp1@dnr.ga.gov
Fax: 706-557-3042