JUNE 1, 2017 Smoke Signals 15

ng application rules

DEADLINES Last Day to Last Day to **REPORT** PICK UP TAG ACTIVITIES (kill (if Drawn) or not) 7/27/2017 1/10/2018 11/13/2017 N/A 11/13/2017 10/13/2017 11/27/2017 10/27/2017 8/18/2017 10/4/2017 8/18/2017 10/4/2017 7/27/2017 1/10/2018 9/22/2017 11/15/2017 12/1/2017 1/10/2018 11/3/2017 11/28/2017 12/4/2017 11/10/2017 1/10/2018 12/8/2017 3/27/2018 11/17/2017 3/27/2018 11/17/2017 12/21/2017 2/24/2018 2/8/2018 4/10/2018 11/17/2017 4/10/2018 11/17/2017 4/10/2018 11/17/2017 4/10/2018 12/21/2017 4/10/2018 1/26/2018 4/10/2018 12/21/2017 2/10/2018

Tag Return Deadlines

In accordance with the Natural Resources Fish and Wildlife Ordinance, all tag reports (Kill or No Kill, and lost tags) are required TO BE REPORTED within 10 days of the last day of hunt.

In an attempt to help all hunters achieve this, the Natural Resources Department will allow reporting of activities the following ways: Telephone at 503-879-2424; e-mail at NRD@grandronde.org; mail at 9615 Grand Ronde Road, Grand Ronde, OR 97347; and in person to the Natural Resources Department, 47010 S.W. Hebo Road, Grand Ronde, OR 97347 where a secured drop box is available 24 hours a day, 7 days a week.

As a reminder, cards not returned within the established

NAME:

ADDRESS:

deadlines are subject to suspension. ■

| BOW ELK - BULL ONLY | | |
|--|---|--|
| AUG. 26 - SEPT. 24, 2017 | | |
| NAME: | | |
| ADDRESS: | | |
| CITY: | STATE: | |
| ZIP: | ROLL #: | |
| PHONE: () | | |
| EMAIL: | | |
| As the person who is obtaining this declare under the penalty of perjury knowledge the information provided true ad correct, and that I am qualifications and statutes to possess this to for the potential harvest of a | that to the best of my in obtaining this tag is led under all applicable ag and carry a weapon | |

By checking this box I acknowledge I have read the foregoing statement and agree with its terms. I have read and understand the rules and regulations of the State of Oregon, the Confederated Tribes of Grand Ronde, and the federal government.

| Bow Deer (Buck Only) | | | |
|----------------------|----------------|----------|--|
| | AUG. 26 - SEP. | 24, 2017 | |
| NAME: _ | | | |
| ADDRES: | S: | | |
| CITY: _ | | STATE: | |
| ZIP: _ | | ROLL #: | |
| PHONE: | () | | |
| EMAIL: | | | |
| I | | | |

As the person who is obtaining this Tribal Hunting tag, I declare under the penalty of perjury that to the best of my knowledge the information provided in obtaining this tag is true ad correct, and that I am qualified under all applicable laws and statutes to possess this tag and carry a weapon for the potential harvest of a game animal.

By checking this box I acknowledge I have read the foregoing statement and agree with its terms. I have read and understand the rules and regulations of the State of Oregon, the Confederated Tribes of Grand Ronde, and the federal government.

YOUTH C/D DEER
Sept. 30 - NOV. 5, 2017

| BEAK | | |
|-----------------------|--|--|
| 6.1 - DEC. | 31, 2017 | |
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| | STATE: | |
| | ROLL #: | |
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| who is obtaining this | s Tribal Hunting tag, I | |
| | y that to the best of my I in obtaining this tag is | |

DE 4 D

who is obtaining this Tribal Hunting tag, I he penalty of perjury that to the best of my nformation provided in obtaining this tag is and that I am qualified under all applicable to possess this tag and carry a weapon for tential harvest of a game animal.

box I acknowledge I have read the ent and agree with its terms. I have read he rules and regulations of the State of federated Tribes of Grand Ronde, and the ent.

| C/D DOE PERMITS | | |
|--|---|--|
| OCT. 21 - | | |
| NAME: | | |
| ADDRESS: | | |
| CITY: | STATE: | |
| ZIP: | ROLL #: | |
| PHONE: () | | |
| EMAIL: | | |
| declare under the penalty o knowledge the information p true ad correct, and that I ar laws and statutes to possess | ning this Tribal Hunting tag, I f perjury that to the best of my provided in obtaining this tag is in qualified under all applicable this tag and carry a weapon for est of a game animal. | |
| By checking this box I acknow | | |

ROLL #:

By checking this box I acknowledge I have read the foregoing statement and agree with its terms. I have read and understand the rules and regulations of the State of Oregon, the Confederated Tribes of Grand Ronde, and the federal government.

for the potential harvest of a game animal.

| <u> </u> | <u> </u> | |
|-----------------|----------|--|
| ND SEASON ELK | | |
| | | |
| SPIKE ON | | |
| V. 18 - NOV. 24 | , 2017 | |
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| | | |
| | STATE: | |
| | STATE. | |
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who is obtaining this Tribal Hunting tag, I he penalty of perjury that to the best of my nformation provided in obtaining this tag is and that I am qualified under all applicable to possess this tag and carry a weapon for tential harvest of a game animal.

box I acknowledge I have read the ent and agree with its terms. I have read the rules and regulations of the State of federated Tribes of Grand Ronde, and the ent.

| YOUTH Antlerless ELK | | | | |
|---------------------------------------|---|----------------------------|------------------------------|---|
| | AUG. 1 | - | DEC | . 31, 2017 |
| NAME:_ | | | | |
| ADDRES | s: | | | |
| CITY: _ | | | | STATE: |
| ZIP: _ | | | | ROLL #: |
| PHONE: | | |) | |
| EMAIL: | | | | |
| declare un knowledge true ad co | nder the pe the inforn rrect, and t | nalty nation hat I a | of perjo provid im qua | this Tribal Hunting tag, I ury that to the best of my ed in obtaining this tag is diffed under all applicable ag and carry a weapon for |

the potential harvest of a game animal.

foregoing statement and agree with its terms. I have read

Oregon, the Confederated Tribes of Grand Ronde, and the

and understand the rules and regulations of the State of

By checking this box I acknowledge I have read the

and understand the rules and regulations of the State of

federal government.

ederal government.

Oregon, the Confederated Tribes of Grand Ronde, and the

| YOUTH Upper Tualatin - Trask | | |
|------------------------------|--------------------|--|
| Dec. 9-10, 16-17, 2 | 23-24, 30-31; 2017 | |
| NAME: | | |
| ADDRESS: | | |
| CITY: | STATE: | |
| ZIP: | ROLL #: | |
| PHONE: () | | |
| EMAIL: | | |

As the person who is obtaining this Tribal Hunting tag, I declare under the penalty of perjury that to the best of my knowledge the information provided in obtaining this tag is true ad correct, and that I am qualified under all applicable laws and statutes to possess this tag and carry a weapon for the potential harvest of a game animal.

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