

Hunting application rules

DEADLINES

Check Up Tag (if Drawn)	Last Day to REPORT ACTIVITIES (kill or not)
1/27/2016	1/10/2017
N/A	11/14/2016
10/14/2016	11/14/2016
10/28/2016	11/28/2016
10/19/2016	10/5/2016
10/19/2016	10/5/2016
1/27/2016	1/10/2017
1/26/2016	11/16/2016
1/4/2016	11/28/2016
1/10/2016	12/5/2016
2/9/2016	1/10/2017
1/18/2016	3/27/2017
1/18/2016	3/27/2017
2/22/2016	2/24/2017
2/8/2017	4/10/2017
1/18/2016	4/10/2017
1/18/2016	4/10/2017
1/18/2016	4/10/2017
2/22/2016	4/10/2017
1/25/2017	4/10/2017
2/22/2016	2/10/2017

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 P.O. BOX 10, 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 deadlines are subject to suspension.

2ND SEASON ELK

SPIKE ONLY

NOV. 19 - NOV. 25, 2016

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 and 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.

Bow Deer (Buck Only)

AUG. 27 - SEP. 25, 2016

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 and 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.

BOW ELK - BULL ONLY

AUG. 27 - SEPT. 25, 2016

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 and 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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C/D DOE PERMITS

OCT. 22 - NOV. 4, 2016

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 and 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

OCT. 1 - NOV. 6, 2016

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 and 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 Antlerless ELK

AUG. 1 - DEC. 31, 2016

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 and 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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