

# ing application rules

DEADLINES	
Last Day to PICK UP TAG (if Drawn)	Last Day to REPORT ACTIVITIES (kill or not)
7/27/2017	1/10/2018
N/A	11/13/2017
10/13/2017	11/13/2017
10/27/2017	11/27/2017
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
11/10/2017	12/4/2017
12/8/2017	1/10/2018
11/17/2017	3/27/2018
11/17/2017	3/27/2018
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](mailto: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 deadlines are subject to suspension. ■

BOW ELK - BULL ONLY
AUG. 26 - SEPT. 24, 2017
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP: _____ ROLL #: _____
PHONE: (____) _____
EMAIL: _____
<small>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.</small>
<small>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. <input type="checkbox"/></small>

Bow Deer (Buck Only)
AUG. 26 - SEP. 24, 2017
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP: _____ ROLL #: _____
PHONE: (____) _____
EMAIL: _____
<small>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.</small>
<small>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. <input type="checkbox"/></small>

BEAR
G. 1 - DEC. 31, 2017
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP: _____ ROLL #: _____
PHONE: (____) _____
EMAIL: _____
<small>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 s to possess this tag and carry a weapon for ential harvest of a game animal.</small>
<small>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. <input type="checkbox"/></small>

C/D DOE PERMITS
OCT. 21 - NOV. 3, 2017
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP: _____ ROLL #: _____
PHONE: (____) _____
EMAIL: _____
<small>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.</small>
<small>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. <input type="checkbox"/></small>

YOUTH C/D DEER
Sept. 30 - NOV. 5, 2017
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP: _____ ROLL #: _____
PHONE: (____) _____
EMAIL: _____
<small>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.</small>
<small>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. <input type="checkbox"/></small>

END SEASON ELK SPIKE ONLY
V. 18 - NOV. 24, 2017
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP: _____ ROLL #: _____
PHONE: (____) _____
EMAIL: _____
<small>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 s to possess this tag and carry a weapon for ential harvest of a game animal.</small>
<small>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. <input type="checkbox"/></small>

YOUTH Antlerless ELK
AUG. 1 - DEC. 31, 2017
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP: _____ ROLL #: _____
PHONE: (____) _____
EMAIL: _____
<small>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.</small>
<small>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. <input type="checkbox"/></small>

YOUTH Upper Tualatin - Trask
Dec. 9-10, 16-17, 23-24, 30-31; 2017
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP: _____ ROLL #: _____
PHONE: (____) _____
EMAIL: _____
<small>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.</small>
<small>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. <input type="checkbox"/></small>