

ing application rules

DEADLINES	
Last Day to PICK UP TAG (if Drawn)	Last Day to REPORT ACTIVITIES (kill or not)
7/27/2018	1/10/2019
N/A	11/12/2018
10/12/2018	11/12/2018
10/26/2018	11/26/2018
8/14/2018	10/3/2018
8/17/2018	10/3/2018
7/20/2018	1/10/2019
9/21/2018	11/14/2018
11/30/2018	1/9/2019
11/2/2018	11/23/2018
11/8/2018	12/3/2018
12/10/2018	1/10/2019
11/20/2018	3/25/2019
11/20/2018	2/10/2019
1/25/2019	3/25/2019
12/19/2018	2/24/2019
2/1/2019	4/10/2019
11/20/2018	4/10/2019
11/20/2018	4/10/2019
11/20/2018	4/10/2019
12/19/2018	4/10/2019
1/25/2019	4/10/2019
12/19/2018	2/10/2019

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 deadlines are subject to suspension. ■

BOW ELK - BULL ONLY	
AUG. 25 - SEPT. 23, 2018	
NAME: _____	
ADDRESS: _____	
CITY: _____ STATE: _____	
ZIP: _____ ROLL #: _____	
PHONE: (____) _____	
EMAIL: _____	
<p>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.</p> <p>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"/></p>	

Bow Deer (Buck Only)	
AUG. 25 - SEP. 23, 2018	
NAME: _____	
ADDRESS: _____	
CITY: _____ STATE: _____	
ZIP: _____ ROLL #: _____	
PHONE: (____) _____	
EMAIL: _____	
<p>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.</p> <p>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"/></p>	

BEAR	
OCT. 1 - DEC. 31, 2018	
NAME: _____	
ADDRESS: _____	
CITY: _____ STATE: _____	
ZIP: _____ ROLL #: _____	
PHONE: (____) _____	
EMAIL: _____	
<p>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.</p> <p>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"/></p>	

C/D DOE PERMITS	
OCT. 20 - NOV. 2, 2018	
NAME: _____	
ADDRESS: _____	
CITY: _____ STATE: _____	
ZIP: _____ ROLL #: _____	
PHONE: (____) _____	
EMAIL: _____	
<p>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.</p> <p>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"/></p>	

YOUTH C/D DEER	
Sept. 29 - NOV. 4, 2018	
NAME: _____	
ADDRESS: _____	
CITY: _____ STATE: _____	
ZIP: _____ ROLL #: _____	
PHONE: (____) _____	
EMAIL: _____	
<p>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.</p> <p>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"/></p>	

WINTER SEASON ELK SPIKE ONLY	
OCT. 17 - NOV. 23, 2018	
NAME: _____	
ADDRESS: _____	
CITY: _____ STATE: _____	
ZIP: _____ ROLL #: _____	
PHONE: (____) _____	
EMAIL: _____	
<p>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.</p> <p>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"/></p>	

YOUTH Antlerless ELK	
AUG. 1 - DEC. 31, 2018	
NAME: _____	
ADDRESS: _____	
CITY: _____ STATE: _____	
ZIP: _____ ROLL #: _____	
PHONE: (____) _____	
EMAIL: _____	
<p>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.</p> <p>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"/></p>	

YOUTH Upper Tualatin - Trask	
Dec. 8-9, 15-16, 22-23, 29-30; 2018	
NAME: _____	
ADDRESS: _____	
CITY: _____ STATE: _____	
ZIP: _____ ROLL #: _____	
PHONE: (____) _____	
EMAIL: _____	
<p>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.</p> <p>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"/></p>	