

LCCB Blind Party Registration Form

Blind Party Member 1

Name _____

Address _____

Cell Phone _____

Email _____

Hunting Licensees and Waterfowl Stamp Checked: Yes No

Blind Party Member 2

Name _____

Address _____

Cell Phone _____

Email _____

Hunting Licensees and Waterfowl Stamp Checked: Yes No

Blind Party Member 3

Name _____

Address _____

Cell Phone _____

Email _____

Hunting Licensees and Waterfowl Stamp Checked: Yes No

For Office Use Only

Deposit Received Yes No

Method of Payment Cash Check Date of Payment _____

Blind Draw Number _____ Blind Spot _____

Deposit Returned Yes No Date of Return _____

Reason Why Deposit Was Not Returned

