

LAST NAME, First Name: _____

HUNT TYPE(s): _____



**2024-25 NON-TRIBAL MEMBER
DRAW HUNT APPLICATION FORM**

Please carefully select the appropriate hunt(s). Complete the application in its entirety and sign verifying the information is correct. Incomplete or incorrect applications will not be processed. **Mail Applications to:** Jicarilla Game and Fish Department, P.O. Box 313, Dulce, New Mexico 87528

SPRING DRAW HUNT TYPES (Mountain Lion, Spring Bear)		Due: MARCH 25	
● Mountain lion and spring bear draw: 100% of license and stamp fees are due with application			
HUNT TYPE		#Hunters APPLYING	Jicarilla Wildlife Stamp \$50 x #Hunters
MOUNTAIN LION	April 1, 2024-March 31, 2025 (5 consecutive days) Permit Start Date:	1	=\$600 +\$50 <small>(100% due to apply)</small>
SPRING BEAR	April 8-June 15, 2024 (5 consecutive days) Permit Start Date:	1	=\$600 +\$50 <small>(100% due to apply)</small>
		TOTAL	=\$

FALL DRAW HUNT TYPES (Cow Elk, Mule Deer, Early Bull, Archery Bull, South Unit Bull)						Due: MAY 1		
● If drawn, total license fee(s) are due within 30 days of the draw results date								
	Season Choices <i>(see Proclamation for draw hunt codes)</i>				#Hunters	Jicarilla Wildlife Stamp \$50 x #Hunters Non-Refundable	JGFD Office Use Only	
	1st Choice	2nd Choice	3rd Choice	4th Choice			License Cost Due if Drawn	# Hunters
COW ELK (RC, SC, HLM)					1 2 3 4	=\$	\$1,000	
GROUP COW (GC)					5 6 7 8 9 10	=\$	\$1,500	
BULL ELK						=\$		
MULE DEER	DECEMBER 1-10, 2024				1	=\$	\$20,000	1
						TOTAL	=\$	Total due if drawn

EMERGENCY CONTACT NAME: _____ PHONE# _____

Tribal Guide(s): _____ Guest (if known): _____

By signing, each applicant certifies that the information is true and correct to the best of their knowledge, and each applicant agrees and understands the rules and regulations of hunting on the Jicarilla Apache Nation. A copy of Hunter Safety Certificate/Card is required for youth.

1. Applicant Name: _____ ← Group Leader Phone: _____
 Mailing Address: _____ City: _____
 State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
 Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____

2. Applicant Name: _____ Phone: _____
 Mailing Address: _____ City: _____
 State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
 Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____

LAST NAME, First Name: _____

HUNT TYPE(s): _____

3. Applicant Name: _____ Phone: _____

Mailing Address: _____ City: _____

State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____

4. Applicant Name: _____ Phone: _____

Mailing Address: _____ City: _____

State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____

5. Applicant Name: _____ Phone: _____

Mailing Address: _____ City: _____

State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____

6. Applicant Name: _____ Phone: _____

Mailing Address: _____ City: _____

State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____

7. Applicant Name: _____ Phone: _____

Mailing Address: _____ City: _____

State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____

8. Applicant Name: _____ Phone: _____

Mailing Address: _____ City: _____

State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____

9. Applicant Name: _____ Phone: _____

Mailing Address: _____ City: _____

State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____

10. Applicant Name: _____ Phone: _____

Mailing Address: _____ City: _____

State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____

NOTES: