ALGONQUIN NATION TRIBAL COUNCIL
2008/2009 DEER HARVEST
QUESTIONNAIRE

Please complete and return this form within seven (7) days of your harvest to

Bonnechere Algonquin First Nation
57 Bonnechere Street South
Renfrew, Ontario
K7V 1Z2
Tel: (613) 433-9085
Fax: (613) 433-9085

Print Name: ____________________________

Algonquin Hunter Identification Card #: __________________

Date of Harvest: ________________________

Location of Harvest: ________________________

(ie: Give name of the Road/Lake/Township and/or Milemarker No., etc.)

Please check _______

Buck: __________________

Doc: __________________

Male Fawn: _________

Female Fawn: ________

Please Give Approximate Age

Who did you share your deer meat with?

1. __________________ 2. __________________

3. __________________ 4. __________________

Signature ___________________ Date ___________________