

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 _____

Please Give Approximate Age

Buck _____

Doe: _____

Male Fawn: _____

Female Fawn: _____

Who did you share your deer meat with?

1. _____ 2. _____

3. _____ 4. _____

Signature _____ Date _____