

2022-23 TURKEY HARVEST REPORT CARD

CID No. _____

Name _____

Date of Birth ____/____/____ (Month/Day/Year)

Check ONE box for the turkey harvested

Fall or Spring turkey Special Turkey/2nd Gobbler

I did not harvest a Special Turkey/2nd Gobbler

Tag No. _____

Sex (check one)

Male (black-tipped breast feather)

Female (brown-tipped breast feather)

Unknown

Are the middle feathers of the tail taller than the outer feathers?

Yes No Unknown

Beard Length: ____ in ____/8th in.

If multiple beards, report longest beard

Spur Length: ____ in ____/8th in.

Turkey was harvested by a Mentored Hunter under 7 years old

Date of Harvest ____/____/____ (Month/Day/Year)

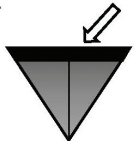
Time of Harvest ____ AM PM

WMU of Harvest _____

County of Harvest _____

Township of Harvest _____

Taken with: (Check one) Shotgun Bow Crossbow



Male Breast Feather



Tail Middle Feathers

2022-23 DEER HARVEST/DMAP REPORT CARD

Report only ONE deer per report card.

CID No. _____

Name _____

Date of Birth ____/____/____ (Month Day Year)

Tag No. _____

Check ONE box for the deer harvested or no harvest report

I harvested an antlered deer (Points: Left ____ Right ____)

I harvested an antlerless deer with this antlerless license

I harvested an antlerless deer with this antlered/flintlock tag

I harvested an antlerless deer with this DMAP permit

I did not harvest a deer with this DMAP permit

DMAP Unit No. _____ Coupon No. _____

Deer was harvested by a Mentored Hunter under 7 years old

Date of Harvest ____/____/____

WMU of Harvest _____

County of Harvest _____

Township of Harvest _____

Taken with: (Check one)

Rifle Muzzleloader

Shotgun Bow/Compound Bow

Handgun Crossbow

ANTLERLESS DEER LICENSE APPLICATION

(This application may be copied, but an original signature on each application is required.)

CID Number: _____ Date of Birth: ____/____/____ (Mo. Day Year)

Resident check here (Cost \$6.97) Nonresident check here (Cost \$26.97)

Check if this is part of a group application _____ (all applicants must select the same preference(s))

WMU Preference (enter letter and number): 1st ____ 2nd ____ 3rd ____

Name: _____

Legal Address: _____

First _____ Middle Initial _____ Last _____

Street or RR _____ City/Town _____

State _____ Zip Code _____

Check No. _____ Amount \$ _____ Phone No. (____) _____ - _____

Signature: _____ Date Signed: ____/____/____

Must be written

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Township of Harvest _____

Taken with: (Check one)

- Rifle Muzzleloader
- Shotgun Bow/Compound Bow
- Handgun Crossbow

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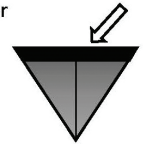
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Male Breast Feather

Are the middle feathers of the tail taller than the outer feathers?

- Yes No Unknown



Tail Middle Feathers

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Taken with: (Check one) Shotgun Bow Crossbow

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- Shotgun Bow/Compound Bow
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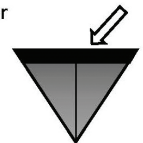
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Taken with: (Check one) Shotgun Bow Crossbow