



SCI NOVI

Novi Chapter Hunt\Fish Donor Form (Please Print or Type)

Outfitter name: _____ SCI Member # _____

Company name: _____ State/Provincial License # _____

Address: _____

Country: _____ State or Province: _____ Zip Code _____

Telephone: _____ Fax: _____ Email: _____

Number of hunters donation covers: _____ Number of non-hunters: _____

Hunters per guide (Circle) 1 to 1 2 to 1 Other _____

Location of Hunt: _____

Game to be hunted: _____

Hunting Season: _____ Number of days this Hunt is for: _____

If trophies are taken early in the Hunt, will the hunter(s) be required to leave camp early? Yes No

Can this Hunt be taken in an alternate year? Yes No (If yes, what year: _____)

Can this Hunt be upgraded? Yes No

Game that can be added: _____ Cost of upgrade: _____

Cost of an extra hunter(s): _____ Non-hunter _____

Transportation during the Hunt is mostly:

Foot Vehicle Horses Boat Air Other

Is trophy prep. included? Yes No Field prep. (caping/skinning) Yes No

Is transportation of trophy to shipper included? Yes No

License or permit fees required: _____

Trophy fees that are included: _____

Trophy fees that are NOT included: _____

Is there any permit drawing or lottery needed: Yes No (If yes, application deadline): _____ Chance of success: _____

Are any CITES permits required? Yes No

Hunt arrival and departure point: _____

Are there any special transportation charters not included in the Hunt that are needed: Yes No

Type: _____ Estimated cost: _____

Type of accommodations included on Hunt _____

Accommodations Needed But NOT INCLUDED

Total estimated locations and cost:

Before the Hunt: Location _____ Approx. cost: \$ _____

After the Hunt: Location _____ Approx. cost: \$ _____

Method to be used: Rifle Muzzleloader Archery Handgun Other _____

Ammunition Needed: _____

Restrictions: _____

Are firearm/archery permits required? Yes No Does Hunt donor provide these permits? Yes No

SPECIAL NOTES: _____

VALUE OF THIS DONATION: \$ _____ NOTE: THIS IS A 100% DONATION OTHER _____ %

SIGNATURE OF HUNT DONOR TITLE DATE

FOR USA DONORS: Please include your: Social Security # _____ Federal Tax ID # _____

I would like a booth at Fundraiser: Yes No Will you be attending our fundraiser: Yes No

