



Hunt Donor Form

Outfitter Information

Outfitter/Company Name _____ SCI Member # _____
 Your Name _____
 Address _____ City _____ State _____ Zip _____
 Country _____ Province _____ Postal Code _____
 Telephone _____ Fax _____ Cellular _____
 Email _____ Website _____

Hunt Donation Information

Number of Hunters Donation Covers _____ Number of Non-Hunters _____
 Guides Per Hunter 1 to 1 _____ 1 to 2 _____ Other? _____
 Hunt Location _____
 Game To Be Hunted _____
 Trophy Fees Included _____
 Hunting Season _____ Number of days this donation covers _____
 If trophies are taken early in the Hunt, will hunter(s) be required to leave camp early? Yes _____ No _____
 Year Hunt is to be taken _____
 Can this hunt be taken in an alternative year? Yes _____ No _____ If Yes, What Year? _____
 Can this Hunt be upgraded? Yes _____ No _____ Cost of Upgrade _____
 Game that can be added? _____
 Trophy Fees **NOT** included _____
 Cost of extra hunters (each) _____ Cost of non-hunters (each) _____
 Transport During the Hunt is Mostly Foot _____ Vehicle _____ Horse _____ Boat _____ Air _____ Other _____
 Is Trophy Prep Included? Yes _____ No _____
 Is Transportation of Trophy to Shipper Included? Yes _____ No _____ If No, Approximate Cost _____

FEES

License or Permit Fees Required _____
 Is there any permit or license lottery? Yes _____ No _____ If Yes, Application Deadline _____ Success % _____
 Are any CITIES permits Required Yes _____ No _____

Donors Initials _____



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Travel/Lodging

Hunt arrival and departure point _____

Any hunt transport charges not included in the donation? Yes ___ No ___ Type _____ Cost _____

Type of accommodations included on this hunt _____

Accommodations NOT included before or after hunt: Type _____ Cost _____

Weapons

Weapon to be used _____ Alternative Weapons _____

Ammunitions Needed _____ Restrictions _____

Weapons permits required? Yes ___ No ___ Does Donor provide permits? Yes ___ No ___

Special Notes _____

Value of Donation \$ _____ This is a 100% donation _____ This is a 70% donation _____

Signature of Donor _____ Title _____ Date _____

Contact Information: Art Stender stender@acegroup.com H 608.799.8353
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Mailing Address:

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