

BOWHUNTING IN ARIZONA

Record Book Committee, Inc.

Application

OFFICE USE ONLY

APP. _____ DATE _____
NO. _____ REC. _____
MEASURABLE NON-MEAS. COCHISE
ONLY
SCORE _____
PAID: CHECK CASH MONEY ORDER
MEASURER _____
DATE APPROVED _____
APPROVED BY: _____

(Print hunters name)

(Name of species collected)

1. Field Dressed Weight _____ Male _____ Female _____

2. Killed in Unit _____ Date Killed _____

(MM/DD/YYYY)

Time of Day _____ A.M. _____ P.M.

Specific Location of Kill _____

3. Style of Hunting: Stalk _____ Still _____ Tree Stand _____ Ground Blind _____ Calling _____ Dogs _____ Decoy _____

4. Distance of Shot: (If more than one shot, write distance for each arrow in appropriate line)

#1 _____ yds. #2 _____ yds. #3 _____ yds. #4 _____ yds.

5. Angle of Shot: (If more than one arrow, write the number of the arrow in appropriate line)

Broadside _____ Rear Quartering _____ Front Quartering _____ Rear _____ Front _____ Above _____

6. Where arrow struck animal: Chest _____ Paunch _____ Rump _____ Leg _____ Head _____ Other _____

7. Organs or tissues penetrated: Lungs _____ Heart _____ Liver _____ Artery-Vein _____ Other _____

8. Was animal: Running _____ Walking _____ Standing _____

9. Distance traveled after hit: #1 _____ yds. #2 _____ yds. #3 _____ yds. #4 _____ yds.

10. Type of bow: Compound _____ Recurve _____ Longbow _____

11. Peak bow weight: _____ lbs. Make of bow _____

12. Make of broadhead: _____ Model: _____ No. of Blades: _____

13. How long have you hunted? _____ yrs. How long with a bow? _____ yrs.

14. Were firearms present while hunting? Yes _____ No _____ (If yes, please explain in the hunt description)

15. Was the animal recovered the same day as the hit? Yes _____ No _____ (If no, give complete details of recovery in the hunt description)

PLEASE GIVE A DESCRIPTION OF THE HUNT:

(Include names of bowhunters present if any; also explain 14 and 15 if necessary)

I hereby certify that the information given above is correct to the best of my knowledge.

(Hunters Signature)

(Date)

(Phone)

(Mailing Address)

(City)

(State)

(Zip Code)

(E-mail Address)

THIS FORM MUST BE COMPLETELY FILLED OUT