

MARK WILLIAMS
COMMISSIONER

Ted Will
DIRECTOR

HUNTER EDUCATION COURSE APPLICATION
To Schedule a Hunter Education Course Please Complete and
Submit This Form to the Hunter Development Program Office

Start Date: _____ Time: _____

End Date: _____ Time: _____

Student Minimum: _____

Student Maximum: _____ Live Firing Class: Yes/No

CHIEF INSTRUCTOR/CONTACT INFO:

GO Customer ID #_ Name: _____

Email: _____

Phone #: _____ Mobile Phone #: (_____) _____ - _____

ADDITIONAL INSTRUCTOR(S)/CID #:

GO Customer ID #: _Name: _____

GO Customer ID #: _____ Name: _____

GO Customer ID #: _____ Name: _____

GO Customer ID #: _____ Name: _____

GO Customer ID #: _____ Name: _____

LOCATION INFORMATION:

Location Name: _____

Address: _____

City: _____ Zip Code: _____

Comments: _____

SUPPLIES NEEDED (Giveaways, Wildlife ID books, etc):

Return to:
Hunter Development Program
Chelsea.Bennett@dnr.ga.gov