



HUNTER EDUCATION PROGRAM
Wyoming Game and Fish Department
HE Class Walk-in Student Enrollment
For HE Instructor use only



Email to: katie.simpson@wyo.gov
 and margaret.frost@wyo.gov

Email copy to the HE STATE OFFICE after first class session and keep a copy for Instructor's records

Instructor Name and Number: _____
Instructor Email: _____
Address: _____
City, State and Zip: _____
Phone: _____

Date Class Began: _____
Date Class Ended: _____
Class Number: _____
County: _____

Student Name - First, MI, Last	Phone	M-F	DOB	Sportsman ID or Last 4 digits of Social Security #	Email address	Physical address including City, State & Zip Code	Pass, Fail, or Drop
1.						(Street)	
						(City & State)	
						(Zip Code)	
2.							
3.							
4.							
5.							

**All of the above fields are required for walk-in hunter education class registration.

The following information is required under the Civil Rights Act of 1964, Title VI, and must be obtained by visual inspection only.
 Number of Minority Students: ___ Black ___ American Indian ___ Hispanic ___ Oriental