



Wyoming Game and Fish Youth Challenge Application

Angler's Name _____ Age _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

CHALLENGE: _____

Species

Location

Date Caught

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hatchery

Date Visited

_____	_____
_____	_____
_____	_____
_____	_____

In-Stream Flow

Date Visited

Hat Choice (Twill / Oil Cloth)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature: _____

YES, you may use my child's photos for future program promotion.

Check this box **only** if you would like your e-mail address, year of birth, and telephone number made available as public information as per state law (W.S. § 23-1-706). Other information given on application may be made available as public information, except as provided by law.

Submit application and photos to:
Wyoming Game and Fish Department
Fish Division
5400 Bishop Blvd.
Cheyenne, WY 82006
Email: wgf-youthchallenge@wyo.gov

Verifying Biologist _____
Signature _____