



WYOMING GAME AND FISH DEPARTMENT

ANTELOPE HUNT EVENT APPLICATION

Chapter 44, Section 4(i)(A)

Deadline - August 31, 2025

NAME OF ORGANIZATION: _____

CONTACT NAME: _____

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____

ADDRESS: _____ **CITY, STATE, ZIP CODE:** _____

LICENSES REQUESTED

HUNT AREA-TYPE: _____ **NUMBER OF LICENSES REQUESTED:** _____

HUNT AREA-TYPE: _____ **NUMBER OF LICENSES REQUESTED:** _____

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HUNT AREA-TYPE: _____ **NUMBER OF LICENSES REQUESTED:** _____

HUNT AREA-TYPE: _____ **NUMBER OF LICENSES REQUESTED:** _____

NUMBER OF CONSECUTIVE YEARS ANTELOPE HUNT EVENT LICENSES REQUESTED FOR: _____

ORGANIZATION'S HISTORY, BACKGROUND AND MISSION:

ORGANIZATION'S FINANCIAL PLAN TO BENEFIT WILDLIFE, CONSERVATION AND THE COMMUNITY WITH THE FUNDS RAISED FROM THE ANTELOPE HUNT EVENT:

APPLICANT SIGNATURE: _____

DATE: _____

Return applications to Joshua Moulton at joshua.moulton1@wyo.gov