



ACRES FOR WILDLIFE ENROLLMENT FORM

When completed, hand this form to your county Cooperative Extension Service Agent or to any Game and Fish Commission employee or mail it to:

Arkansas Acres for Wildlife
P.O. Box 391
Little Rock, AR 72203



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UNIVERSITY OF ARKANSAS
DIVISION OF AGRICULTURE
Cooperative Extension Service



Please furnish the following information on land being enrolled:

County _____

Location of land from nearest town:

COOPERATOR (LANDOWNER OR MANAGER ENROLLMENT)

Name _____ Date _____
(Please Print)

Street or Route and Box No. _____

_____ Town _____ State _____ Zip Code _____

Phone No. (Day) _____ (Evening) _____

I am enrolling the described plot(s) or farm(s) in the Acres for Wildlife Program for a period of one year.

NOTICE!!! Please check (x) the planting materials and/or signs that you want.

Planting Materials Wanted (amount allocated on an acreage basis):

Lespedeza seed packet(s) Food plot seed packet(s)

Enrollment form must be received by February 1st to receive seed packet(s)

Materials Wanted:

Signs: Hunting by Permission Only These Acres for Wildlife

Total Acres _____

Acres Enrolled _____

Do you want a wildlife habitat evaluation and plan? (Check One)

YES NO

This agreement shall in no way affect rights of the cooperator to determine what persons may hunt upon the lands enrolled in the Acres for Wildlife Program or to prohibit hunting on any part or all of the lands enrolled. However, if public access is allowed, the COOPERATOR shall offer all persons the opportunity to participate regardless of race, national origin, sex, age, or disability.

I agree to the provisions of the Acres for Wildlife program.

Cooperator (Landowner or Tenant)

Arkansas Acres for Wildlife is a cooperative program of the Arkansas Cooperative Extension Service and the Arkansas Game & Fish Commission. Programs are offered to all eligible persons regardless of race, color, national origin, sex, age, or disability.

Other: Bumper Sticker Shoulder Patch

SPONSOR/GROUP ENROLLMENT (THOSE WHO ENROLL COVER AGENTS)
(Hunting clubs are enrolled as one member and receive a one member benefit.)

NAME OF GROUP _____ Adult or Youth Group
(Check One)

LEADER _____ Date _____

ADDRESS OF LEADER _____
Street or Route and Box No.

_____ Town _____ State _____ Zip Code _____

PHONE NO. (Day) _____ (Evening) _____

MEMBERSHIP TOTAL _____ NUMBER OF MEMBERS PARTICIPATING _____

HAVE EACH PARTICIPATING MEMBER OF THIS GROUP COMPLETE A COPY OF THE ENROLLMENT FORM. MAIL TOGETHER IN ONE ENVELOPE.

COVER AGENT ENROLLMENT (THOSE WHO ENROLL COOPERATORS)

Signed _____ Adult or Youth (9-19)
(Check One)

Print Name _____ Date _____

Address _____
Street or Route and Number _____ Town _____

Zip Code _____ Phone No. (Day) _____ (Evening) _____

NOTE: TO AGFC Wildlife Officer: Enter Radio Unit Number _____

PLEASE SEND REQUESTED PLANTING MATERIALS TO _____ COUNTY.

(Note: If county has more than one Extension office, please list town also.)