ALBERTA
TRADITIONAL
BOWHUNTERS
ASSOCIATION

RECORD BOOK ENTRY FORM

PLEASE PRINT CLEARLY

NAME: _____FIRST_____/_____MIDDLE_____/_____LAST_____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____ -_____

PHONE NUMBER: ( ) _____

HARVEST INFORMATION

SPECIES _____ SEX_____

SCORE _____ DATE TAKEN _____

SIGNATURE OF MEASURER_____

WITNESS OF KILL _____

A.T.B.A. MEMBER AT TIME OF HARVEST YES _____ NO _____

All entries must be legally taken in the province of Alberta with "TRADITIONAL ARCHERY EQUIPMENT", {long bow or recurve}

Please submit a quality photo of your trophy

Send to: Gun Lemke
51118 RR221
Sherwood Park
Alberta
T8E 1G8
Phone 780-922-0115 kagy@ocii.com

www.albertatraditionalbowhunters.com