



Record Book Entry Form

Please Print Clearly

NAME: _____ *FIRST* / _____ *MIDDLE* / _____ *LAST*

ADDRESS: _____

CITY: _____ POSTAL CODE: _____ - _____

PHONE NUMBER: () _____

HARVEST INFORMATION

SPEICES: _____ SEX: _____

SCORE: _____ DATE OF HARVEST: _____

SIGNATURE OF MEASURER: _____

WITNESS OF KILL: _____

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

**ALL ENTRIES MUST BE TAKEN LEGALLY IN THE PROVINCE OF ALBERTA
WITH "TRADITIONAL ARCHERY EQUIPMENT"
{LONGBOW OR RECURVE}**

PLEASE SUBMIT A QUALITY PHOTO OF YOUR TROPHY

SEND TO:

*Gun Lemke
51118 RR221
Sherwood Park, AB
T8E 1G8*

*Phone (780) 922-0115
Email: gunlemke@yahoo.com*