



Dean River Draw Application Form

– Please read instructions included –

CONTACT PERSON

| | | | | | | | | | |
|-----------------------|--|-----------------------------|--|----------------|--------------------------|--|-----------------------------------|-------------------|--|
| <i>Last Name</i> | | <i>First Name</i> | | <i>Initial</i> | <i>Number</i> | | <i>Street</i> | | |
| <i>Area Code</i> | | <i>Daytime Phone Number</i> | | | <i>Town / City</i> | | <i>Province / State / Country</i> | | |
| <i>E-mail Address</i> | | | | | <i>Postal / Zip Code</i> | | <i>Area Code</i> | <i>Fax Number</i> | |

APPLICANT INFORMATION

Applicant #1

| | | | | | | | | |
|--|--|-----------------------------------|--|------------------------------|--------------------------|------------|------------------|---------------------|
| <i>Last Name</i> | | <i>First Name</i> | | <i>Initial</i> | <i>Number</i> | | <i>Street</i> | |
| <i>Town / City</i> | | <i>Province / State / Country</i> | | | <i>Postal / Zip Code</i> | | <i>Area Code</i> | <i>Phone Number</i> |
| Additional Licences and/or Stamp Required (✓) <input type="checkbox"/> Annual <input type="checkbox"/> Eight Day <input type="checkbox"/> Steelhead Surcharge | | | | <i>Birth Date (yy/mm/dd)</i> | | <i>Sex</i> | | |
| | | | | | | | M | F |

Applicant #2

| | | | | | | | | |
|--|--|-----------------------------------|--|------------------------------|--------------------------|------------|------------------|---------------------|
| <i>Last Name</i> | | <i>First Name</i> | | <i>Initial</i> | <i>Number</i> | | <i>Street</i> | |
| <i>Town / City</i> | | <i>Province / State / Country</i> | | | <i>Postal / Zip Code</i> | | <i>Area Code</i> | <i>Phone Number</i> |
| Additional Licences and/or Stamp Required (✓) <input type="checkbox"/> Annual <input type="checkbox"/> Eight Day <input type="checkbox"/> Steelhead Surcharge | | | | <i>Birth Date (yy/mm/dd)</i> | | <i>Sex</i> | | |
| | | | | | | | M | F |

Applicant #3

| | | | | | | | | |
|--|--|-----------------------------------|--|------------------------------|--------------------------|------------|------------------|---------------------|
| <i>Last Name</i> | | <i>First Name</i> | | <i>Initial</i> | <i>Number</i> | | <i>Street</i> | |
| <i>Town / City</i> | | <i>Province / State / Country</i> | | | <i>Postal / Zip Code</i> | | <i>Area Code</i> | <i>Phone Number</i> |
| Additional Licences and/or Stamp Required (✓) <input type="checkbox"/> Annual <input type="checkbox"/> Eight Day <input type="checkbox"/> Steelhead Surcharge | | | | <i>Birth Date (yy/mm/dd)</i> | | <i>Sex</i> | | |
| | | | | | | | M | F |

Applicant #4

| | | | | | | | | |
|--|--|-----------------------------------|--|------------------------------|--------------------------|------------|------------------|---------------------|
| <i>Last Name</i> | | <i>First Name</i> | | <i>Initial</i> | <i>Number</i> | | <i>Street</i> | |
| <i>Town / City</i> | | <i>Province / State / Country</i> | | | <i>Postal / Zip Code</i> | | <i>Area Code</i> | <i>Phone Number</i> |
| Additional Licences and/or Stamp Required (✓) <input type="checkbox"/> Annual <input type="checkbox"/> Eight Day <input type="checkbox"/> Steelhead Surcharge | | | | <i>Birth Date (yy/mm/dd)</i> | | <i>Sex</i> | | |
| | | | | | | | M | F |

DATE SELECTION (Maximum 8 consecutive days)

First Choice

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|
| From | | | To | | | = | Total Days |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| Year | Month | Day | Year | Month | Day | | Total Days |

Second Choice

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|
| From | | | To | | | = | Total Days |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| Year | Month | Day | Year | Month | Day | | Total Days |

Third Choice

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|
| From | | | To | | | = | Total Days |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| Year | Month | Day | Year | Month | Day | | Total Days |