



Application No. _____ (Official Use Only)

Little Rock District

Special Use Deer Hunt Application

Table Rock Lake ProjectOctober 25th – 27th, 2024

5 Permits Available

(Participants will be selected at random.)

Name of Hunter (Print):		
Phone Number:		
Date of Birth (Must be age 6 - 15	at time of hunt):	
(An assistant is required to partie	cipate)	
My assistant is:	Relationship:	
	Date of Birth:	
E-Mail Address:		
Emergency Contact Name:		
	ber:	
Do you take daily medications?	YES NO	
Do you have any food, medical,	or bug allergies? YES NO	
If yes please explain:		

I agree to comply with all regulations, conditions, and disclaimers as set forth in applying for and participating in this special youth hunt. I agree to not hold the government or any organization, or person affiliated with this hunt liable for any damages, personal injury, or death while participating in any portion of this event.

(Signature) HUNTER (Date)

(Signature) ASSISTANT (Date)

Mail or Deliver To: U.S. Army Corps of Engineers Attn: Coleson Cowart Table Rock Lake Project Office 4600 State Highway 165 Branson, MO 65616-8980

Email: Coleson.v.cowart@usace.army.mil

Application must be received by close of business October 4th 2024.

If selected, hunter and assistant MUST ATTEND a mandatory safety meeting on October 25th from 5pm to 7pm in order to participate.

Prior to October 25th , hunters must possess all permits, tags, or licenses required by Missouri Department of Conservation to legally harvest a deer during archery season.