



## ROSEBUD SIOUX TRIBE GAME, FISH AND PARKS

# 2008 Tribal Member Antelope Application

**SEASON DATES: September 27, 2008 through October 5, 2008**

**DEADLINE DATE: June 13, 2008      DRAWING DATE: June 27, 2008**

### REMINDERS:

**\*Enclose a separate cashiers check or money order for each tag you apply for.**

**\*Make the check payable to RST Game, Fish & Parks**

**\*NO PERSONAL CHECKS OR CASH.**

**\*Hunters are required to obey RST GFP big game regulations.**

**\*RST GFP will not be responsible for lost or stolen licenses. NO REFUNDS.**

**\*RST GFP reserves the right to refuse any applications.**

TRIBAL MEMBER	
Antelope Tag	\$30
General Hunting License	\$1
Habitat Stamp	\$5
<b>TOTAL:</b>	<b>\$36</b>

**If you have a 2008 General Hunting License, please write it below. If you do not have a 2008 General Hunting License we will issue you one if your name is drawn. If you already have a 2008 General Hunting License you DO NOT pay for it again.**

**Mail to: RST Game, Fish and Parks, PO Box 300, Rosebud, SD 57570**

**If you have questions, please call: 605-747-2289**

**Detach and return the lower part only. Keep a copy for your records.**

### 2008 RST TM ANTELOPE APPLICATION - No Application Fee

ENROLMENT # 345U RSU		HUNTER SAFTY CARD #	
NAME (FIRST, LAST, INL.)		BIRTHDAY / /19	
ADDRESS:			
CITY:		STATE:	ZIP:
TELEPHONE:	EMAIL:		GENDER:
HEIGHT:	WEIGHT	EYES:	HAIR:
Money or Cashiers Check #		2008 RST GENERAL LICENSE #:	



# ROSEBUD SIOUX TRIBE GAME, FISH AND PARKS



## Questionnaire

**(This questionnaire is a prerequisite to issuing an RST hunting license)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ *REQUIRED MM/DD/YYYY*

TRIBAL ENROLLMENT# \_\_\_\_\_

- a. Have you ever been convicted in any court of a felony? **Yes/No**
- b. Have you been convicted in any court of a misdemeanor crime of domestic/family violence in a state or federal court? **Yes/No**
- c. Are you now the subject of a restraining or protective order issued by a court, after notice and an opportunity to be heard has been provided to you, in a case involving the use, attempted use or threatened use of physical force against another person? **Yes/No**
- d. Have you ever been confined in a hospital for a mental illness within the past twelve (12) months by order of a court? **Yes/No**
- e. Have you been discharged from custody within the past twenty (20) years after having been found not guilty of a crime by reason of mental disease or defect? **Yes/No**

Information provided on this application is subject to verification from sources including probate, civil, and criminal courts governmental agencies pursuant to State and Federal Law, and 18 (The Brady Act), as may be amended.

**I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.**

\_\_\_\_\_ *SIGNATURE APPLICANT* \_\_\_\_\_ *DATE*