

Application Year

DNR Custom ID #

# City of Richland Center Urban Deer Application

Applicant: 

|       |        |           |
|-------|--------|-----------|
| First | Middle | Last Name |
|       |        |           |

Applicant Phone Number

Address:

Applicant email address

**Pass (office use only)**

|                         |                          |                                       |                          |
|-------------------------|--------------------------|---------------------------------------|--------------------------|
| <b>Proficiency Test</b> | <input type="checkbox"/> | <b>Proof of valid Archery License</b> | <input type="checkbox"/> |
| <b>Copy of Photo Id</b> | <input type="checkbox"/> | <b>\$5.00 fee paid (to city)</b>      | <input type="checkbox"/> |

**Applicants Birthday (MM/DD/YYYY):** \_\_\_\_\_

A person exercising privileges granted pursuant to the city's Urban Deer hunt shall thereby voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, caused, or incurred by the Permittee and shall indemnify and hold the City of Richland Center harmless for any such claims. If the Permittee is exercising privileges granted pursuant to a hunting permit on land which is owned or controlled, in whole or part, by the City of Richland Center shall, without need for further evidence or assent, be deemed to have released, waived, discharged and to have covenanted not to sue the City for loss, damage, or injury, including death, that may be sustained, whether caused by negligence of the City, the condition of the property, or otherwise, while participating in such activities.

I hereby state that I understand the rules and regulations set forth within the DNR and City of Richland Center Urban Deer Hunt. Failure to comply with said State and local regulations may cause revocation of my permits in said deer hunts and may include fines per ordinance Sec. 2019-10.

Signature

Zone Information, please indicate zone preference and list hunting dates wanted:

Zone 1 \_\_\_\_\_ Zone 2 \_\_\_\_\_ Zone 3 \_\_\_\_\_ Zone 4 \_\_\_\_\_ Zone 5 \_\_\_\_\_ Zone 6 \_\_\_\_\_

Hunting Dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return Completed Application and Proficiency Test To The City Clerk/Treasurer's Office**

**Permit Information**  
(office only)  
Permit #: \_\_\_\_\_  
Season Date: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

## City of Richland Center Archery Proficiency Score Sheet

\_\_\_\_\_  
Year

\_\_\_\_\_  
DNR Customer #

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>   Pass

Scorer's Name: \_\_\_\_\_ Date: \_\_\_\_\_  Fail

Scorer's Signature: \_\_\_\_\_

Scoring will be by personnel assigned by the Archery establishment. Note that said personnel have the right to deny the applicant access to the range for testing. Equipment brought to testing must be deemed legal for hunting under DNR regulations and/or rules within City of Richland Center Ordinance #2019-10. If warm-ups are used, it is up to the shooter to contact a scorer to start the process of accumulating scores. Scorer will track arrows accordingly above. A minimum of 5 out of 6 arrows placed within the target is a Pass grade.

\*Applicant must return this completed form to Richland Center City Clerk/Treasurer's office to complete Urban Deer Hunting License Application. A Pass Grade is good for 5 consecutive seasons.

**All proficiency tests will be performed at:**

**Open Season Hunting Outlet, 182 N. Main St., Richland Center, WI 53581**

**Store Hours: M-F 11 am -4 pm, Sat. 8:30am – noon**

**Call for availability 608-649-0030**

There will be an additional \$5.00 fee payable to Open Season Hunting Outlet. They will allow two chances for applicant to qualify. If applicant fails twice, applicant will need to pay an additional \$5.00 for two additional chances. Only 1 test per day, per applicant is allowed.

## Hunters Performance

|   |   |
|---|---|
| Year: _____ DNR #: _____<br>Name: _____<br>Address: _____<br>Phone: _____ Email: _____  | <b>City of Richland Center—Harvest Report</b><br>Zone #: _____<br>Season Dates: _____   |
| <b>LOG TOTALS</b><br># of Shots Taken: _____ # of Deer Hit: _____<br># of Arrows Retrieved: _____<br># of Deer Recovered: _____   | <b>OBSERVATION TOTALS</b><br># days hunted: _____<br># of deer seen: _____<br># of hunters seen: _____<br># of non-hunters: _____   |
| <b>Animals Lost</b> (if applicable)<br><br>Game tracked to land not accessible: <input type="checkbox"/><br>Lost Blood Trail: <input type="checkbox"/><br>Other: <input type="checkbox"/> | I Certify that the above information is true and correct:<br><br>_____<br><i>Signature</i>  |
| Total Time Spent Searching (hours): _____   | Date Returned: _____ Initials: _____<br><br>Permit holder must return this report to Richland Center Clerk/Treasurer's Office within 72 hours of season end. Failure to do so will cause loss of privileges as stated in ordinance # 271. |