



SAFARI CLUB INTERNATIONAL

Northeast Wisconsin Chapter

HUNT DONATION FORM

www.scihunterexpo.com

Include three current brochures for buyer and promotional information.

OUTFITTER INFORMATION

Outfitter / Company Name: _____ Booth #: _____
Contact Persons Name: _____ Membership #: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____ Province: _____ Postal Code: _____
Telephone: _____ Fax: _____ Cell: _____
Website: _____
Email: _____

HUNT / TRIP INFORMATION

Number of Hunters donation covers: _____ Non-Hunters: _____
Hunters per Guide: 1 to 1: ____ 2 to 1: ____ Other: _____
Hunt Location: _____

Game to be hunted:

Trophy Fees included:

Hunting Season: _____ Number of day is this hunt for: _____
If trophies are taken early in this hunt, will hunter(s) be required to leave camp early? Yes: ____ No: ____
Year hunt is to be taken? _____ Can this Hunt be taken in an alternative year? Yes: ____ No: ____
If yes, what year? _____ Can this hunt be upgraded? Yes: ____ No: ____

Cost of upgrade:

Game that can be added:

Trophy Fees not Included:

Cost of additional Hunters (each): _____
Cost of Non-Hunters (each): _____
Transport during the hunt: Foot ____ Vehicle ____ Horses ____ Boat ____ Air ____ Other ____
Is Trophy prep included? Yes: ____ No: ____ Is transport of Trophies to shipper included: Yes: ____ No: ____
If no, approximate cost: _____

FEES

License or Permit Fees Required: Yes: ____ No: ____

If Yes, License or Permit Cost: _____

Application deadline if Any: _____ Success %: _____

Is there any Permit or License lottery? Yes: ____ No: ____

Are any Cities Permits required? Yes: ____ No: ____

TRAVEL / LODGING

Hunt arrival and departure point: _____

Any hunt transportation charges not included in this donation? Yes: ____ No: ____

Type of transportation not included: _____ Cost: _____

Accommodations included on this hunt: _____

Accommodations not included before or after hunt: _____ Cost: _____

Are meals and non-alcoholic beverages included on this hunt? Yes: ____ No: ____

Are alcoholic beverages included on this hunt? Yes: ____ No: ____

WEAPONS

Weapon to be used: _____

Alternative Weapons: _____

Ammunition needed: _____

Restrictions: _____

Weapon permits required? Yes: ____ No: ____

Does donor provide permits? Yes: ____ No: ____

DONATION VALUE

Value of Donation: _____ 100% Donation: ____ 70% Donation: ____

Other: _____

Special Notes:

Signature: _____ **Date:** _____

Mail a completed copy to address below or fill out a copy and use the email button on the top of the page to email a copy. Please print a copy for your records.

Mail To:
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c/o Calvin Ort
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Contact:
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