

**2017 CAMP BEAUREGARD WMA  
DISABLED VETERANS DEER LOTTERY**

Louisiana Department of Wildlife and Fisheries  
Wildlife Division  
P.O. Box 98000  
Baton Rouge, LA 70898-9000

To participate in the hunt listed below, applications must be completed and returned to the above address, room 442 by **close of business (4:30pm) SEPTEMBER 1, 2017**. No person may apply more than once. **SUBMISSION OF MORE THAN ONE APPLICATION SHALL DISQUALIFY THE APPLICANT.**

A \$5.00 administrative fee will be charged to each applicant. The administrative fee is **NON-REFUNDABLE**. Applications must be accompanied by a check or money order made payable to Louisiana Department of Wildlife and Fisheries (LDWF).

**HUNT DATE IS NOV. 11-12. NO GROUP APPLICANTS ACCEPTED FOR THIS HUNT. ALL APPLICANTS MUST HAVE A COMBAT RELATED DISABILITY. QUALIFICATION IS SUBJECT TO REVIEW BY THE HUNTERS ENRICHING THE LIVES OF PEOPLE (HELP) ASSOCIATION. EACH HUNTER WILL BE ASSIGNED TO A SPECIFIC AREA THE DAYS OF THE HUNT.**

A random computer drawing will be held and successful applicants will be notified by mail. **LOST OR MISPLACED PERMITS WILL NOT BE REISSUED.** The permit is not refundable and must be in the hunter's possession while on the WMA the day of the hunt.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

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

Telephone Number: (Home): \_\_\_\_\_ Daytime Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

LDWF #: \_\_\_\_\_

**Note: LDWF # must be provided on the application. Anyone who has obtained a license or tags in the past will have a LDWF #. Applicants can obtain their LDWF # by obtaining licenses or deer tags from any license vendor, online at <https://www.la.wildlifelicense.com/start.php>, or by contacting any LDWF Field Office. Failure to provide this number will disqualify the applicant.**

**Please describe your physical limitations so that appropriate assistance will be available:**

**Please indicate whether someone will accompany you or if you will need an escort to be provided. Circle one of the choices below.**

Escort needed \_\_\_\_\_ I will provide my own escort \_\_\_\_\_

For Additional Information Please Contact: LDWF, Pineville Office (318) 487-5885.