Safaris Club International Mid-Atlantic Bowhunters Chapter



Hunt Donation Form

Include THREE current brochures for buyer and promotional information

Outfitter Information

Outfitter / Company Name:Contact Persons Name:					
					Address:
City:	State:		Zip:		
Country:	Province:		Postal Code:		
Telephone:	Fax:		Cell:		
Website:					
Email:					
Hunt Donation Information					
Number of Hunters Donation Cov	ers: Non-Hunters:				
Guides per Hunter: 1 to 1					
Hunt Location:					
Game to be Hunted:					
Trophy Fees Included:					
	Number of Days this hunt is for:				
If trophies are taken early in this h	nunt, hunter (s) will be req	juired to leave camp	yearly? Yes: _	No:	
Year Hunt is to be Taken?	Can this hunt be tak	en at an alternative	year? Yes:	No:	
If yes, what year?	Can this hunt be up	graded? Yes	No		
Cost of Upgrade: \$					
Game that can be added:					
Trophy Fees Not included:					
Cost of each additional Hunters (e	ach): \$				
Cost of Non-Hunters (each): \$					
Transport during hunt is mostly: F	oot Vehicle:	Horse: Boat:	Air:	Other:	
Is Trophy Prep included? Yes:	No:				
Is transportation of trophy to ship	per included? Yes:	No:			
If no, Approximate cost: \$					

Fees License or Permit Fees Required: If YES, Applicable Deadline: Success %: Is there a permit or license lottery? Yes: ______ No: _____ Are any CITIES permits required? Yes: ______ No: _____ **Travel / Lodging** Hunt arrival and departure point: Any hunt transport changes not included in donation? Yes: ______ No: ______ No: _____ Type of Transportation not included: ______ Cost: \$_____ Accommodations NOT included before or after hunt: Cost: \$ Are meals and non-alcoholic beverages included in this hunt donation? Yes: ______ No: _____ Are alcoholic beverages included in this hunt donation? Yes: ______ No: ______ No: _____ Weapons Weapon to be used: _____ Alternative weapons: _____ Ammunition Needed: Weapon permit required? Yes: ______ No: _____ Does donor provide permits? Yes: ______ No: _____ **Donation Value** Value of Donation: \$_____ This is a 100% donation: _____ This is a 70% donation: _____ Other: **Special Notes:** Signature: _____ Date: _____ Mail or fax a completed and signed copy to address below. Print a copy for your records. You can scan a copy by email to get listed in our Auction Page, but we still need a signed copy. If presenting the signed copy to a chapter representative in person a scanned copy will be returned to you for your records via email. Please ensure you provided your valid email address. We thank you for your donation! Mail to: Contact: MABC Post Office Box 2104 president.mabc.sci.org@gmail.com

Leesburg, Virginia 20177-7503 USA