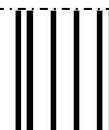




# INSTRUCTIONS

1. If you wish to participate in next years survey, and do not wish to maintain your confidentiality, please fill in your name and address at the top of the form and in the return address box below.
2. Enter *number of hours* for each *date* you hunted **between Oct. 5 and Nov. 2** (early season) **only**. Do not separate morning and evening hunts on different lines (combine data from both hunts).
3. Write in the *county* where you hunted. If you hunted in more than one county on a single day, record different counties on different lines of the form.
4. Report whether or not you were hunting on *public owned land* (state or federal).
5. Enter the *number* of animals and other hunters you observed while hunting. Begin observations upon leaving your vehicle and end observations when you return to your vehicle.
6. If you saw a species *not listed* at the top of the chart, enter the *name* and *number* of animals in the "Other Animals" column near the right side of the form.
7. On the last four columns of the chart, record *acorn abundance* and *average weather* conditions for the time period hunted. Use the *number codes* at the top right corner of the form.
8. *Fold* this form along the lines below so that our address shows, and *tape* it together.
9. Please *mail* this form to us by **January 1, 2025**. *No postage is needed*.

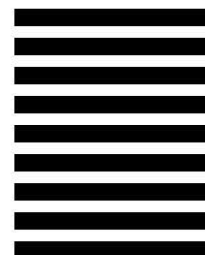


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



FIRST-CLASS MAIL PERMIT NO. 3 VERONA VA

POSTAGE WILL BE PAID BY ADDRESSEE



BOWHUNTER SURVEY  
VA DEPT OF GAME & INLAND FISHERIES  
PO BOX 996  
VERONA VA 24482-9901



Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_

**If you wish to continue to participate in the Virginia Bowhunter Survey, and do not wish to maintain confidentiality, please enter your name and address in the return address box. Thank you.**

RETURN ADDRESS (OPTIONAL).

DO YOU KNOW OF OTHER HUNTERS WHO WOULD LIKE TO PARTICIPATE IN THE BOWHUNTER SURVEY? IF SO, PLEASE ENTER THEIR NAMES AND ADDRESSES BELOW:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_

**THANK YOU FOR PARTICIPATING!!**

Tape Here