

PROCESSOR FACILITY \_\_\_\_\_ PROCESSOR CONTACT NAME \_\_\_\_\_



**HUNTERS: Please fill out the form below.** By doing so, you state that you legally harvested the stated species on the date and location, and you agree to donate the carcass to Wyoming Hunger Initiative. Upon signature, you are not responsible of meat abandonment at the processor. You also acknowledge the CWD sample will be submitted by the processor; therefore you will not receive the CWD lab results.

..... PRINTED NAME ..... SIGNATURE ..... PHONE	..... ADDRESS ..... .....	..... LICENSE # ..... SPECIES ..... HARVEST DATE	CWD TEST RESULTS/ STICKER	WEIGHT OF GROUND MEAT (LBS.)
..... PRINTED NAME ..... SIGNATURE ..... PHONE	..... ADDRESS ..... .....	..... LICENSE # ..... SPECIES ..... HARVEST DATE	CWD TEST RESULTS/ STICKER	WEIGHT OF GROUND MEAT (LBS.)
..... PRINTED NAME ..... SIGNATURE ..... PHONE	..... ADDRESS ..... .....	..... LICENSE # ..... SPECIES ..... HARVEST DATE	CWD TEST RESULTS/ STICKER	WEIGHT OF GROUND MEAT (LBS.)
..... PRINTED NAME ..... SIGNATURE ..... PHONE	..... ADDRESS ..... .....	..... LICENSE # ..... SPECIES ..... HARVEST DATE	CWD TEST RESULTS/ STICKER	WEIGHT OF GROUND MEAT (LBS.)

**PROCESSORS: To receive reimbursement,** please submit a copy of this form with your invoice to: Wyoming Hunger Initiative, 5001 Central Avenue, Cheyenne, WY 82009