

PROCESSOR FACILITY _____ **PROCESSOR CONTACT NAME AND PHONE NUMBER** _____

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 the 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 and therefore you will not be receiving the CWD lab results.

NAME	SIGNATURE	PHONE	ADDRESS	LICENSE #	SPECIES	HARVEST DATE	HARVEST COUNTY	CWD SAMPLE Method & date submitted
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								



Processors please submit a copy of this form with your invoice to receive reimbursement.

Forms can be mailed to: The Wyoming Hunger Initiative, 5001 Central Avenue, Cheyenne, WY 82009