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

NAME	SIGNATURE	PHONE	ADDRESS	LICENSE #	SPECIES	HARVEST DATE	CWD TEST RESULTS	WEIGHT OF GROUND MEAT (IN LBS)

PROCESSORS: Please submit a copy of this form with your invoice to receive reimbursement.
Forms should be mailed to: **Wyoming Hunger Initiative, 5001 Central Avenue, Cheyenne, WY 82009**

FOOD FROM THE FIELD
WYOMING HUNGER INITIATIVE

Hunter Log Sheet Revised 4/15/2021