

Division of Wildlife, Ohio Department of Natural Resources
TRAPPER EDUCATION COURSE STUDENT REGISTRATION CARD

PRINT ONLY

Student's Use	Last Name		First Name			Middle Initial
	Street Address				City	State
	County of Residence		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Age	Date of Birth	Does anyone in your family trap? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you taking this course so you can buy your first trapping permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your voluntary completion of this section will help the Division of Wildlife in administering the statewide program to assure that equal opportunity is provided to individuals without regard to their race, color, national origin or handicap.			
			HANDICAPPED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN	<input type="checkbox"/> ASIAN/PACIFIC ISLANDER
HOME TELEPHONE NUMBER (INCLUDE AREA CODE) (___ - ___) - _____ - _____		I request to attend the Ohio Trapper Education Course. I understand that I may be dismissed from this course for disruptive or illegal conduct.				
		Signature of Student _____			Date ___/___/___	

Instructor's Use	Instructor's Last Name		First Name		M.I.	I.D. Number
	Date Course Completed			Student Certified <input type="checkbox"/> Yes <input type="checkbox"/> No		Exam Grade