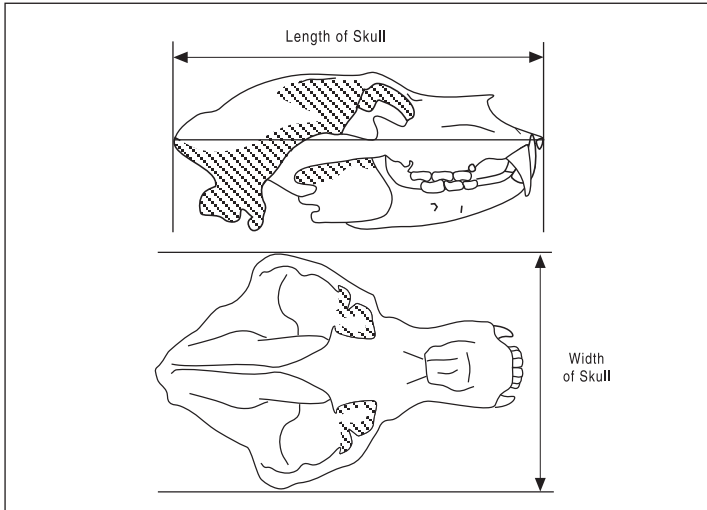


Method 15 Entry Form

For skulls of carnivores and peccaries



Hunter _____
How you want your name to appear in the Record Book

Membership No. _____ e-mail _____

Address _____

City State Zip Country

Ph. (____) _____ (____) _____ (____) _____
Home Business Fax

I certify that, to the best of my knowledge, I took this animal without violating the wildlife laws or ethical hunting practices of the country or province in which I hunted. I also certify that, to the best of my knowledge, the laws of my country have not been violated by my taking or importing this animal.

Free-ranging Yes No

Signature _____

The acceptance or denial of all entries are at the discretion of Safari Club International, its Board and committees. Entries are subject to review by the Trophy Records Committee of SCI at any time. All photos and entries submitted to SCI become SCI's property.

Submit to: Safari Club International
4800 W. Gates Pass Rd., Tucson, AZ 85745 USA.

\$35 Record Book processing fee

\$55 Medallion Award processing fee (*Walnut plaque*) includes shipping & handling

\$80 Record Book & Medallion Award processing fee includes shipping & handling

- To enter Record Book and/or Medallion:**
- 1) Add the appropriate entry processing fees together as necessary. (*Medallion fee includes shipping & handling.*)
 - 2) All entries must be complete, signed by hunter and accompanied by fees and a photograph of the trophy.
 - 3) Please clearly label back of photo with name of hunter, name and score of animal, and date taken.
- Include 1 photo

Checks on U.S. banks only. Credit cards preferred. Entry fees are valid for 12 months from date of form located in lower right hand corner.

We Accept: MC Visa AMX Discover Diners Club

Card Number Expiration Date

Animal _____

Remeasurement? Yes No Former Score _____ Record No. _____

Date Taken _____
Month Day Year

Rifle Handgun Muzzleloader Bow Crossbow Picked Up

Place Taken _____
Country State or Province

Locality _____

Guide _____ Hunting Co. _____

I. Length of Skull _____/16

II. Width of Skull _____/16

III. Total Score _____ /16

Official Measurer _____

Measurer No. _____ Email _____

Day Measured _____
Month Day Year

Signature of Measurer _____

For Office Use Only

Date Received: _____