

**Flying Feathers, llc**

**PO BOX 60**

**Lockwood, MO 65682**

**Ph: 417-232-4033**

**Email: flyingfeathers@juno.com**

**Licensed Hunting Preserve Permit - Info required to purchase**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Choose ONE: MO Conservation # - MO Drivers License # - SS # (Must use if out of state)

Enter # \_\_\_\_\_

Birthdate : \_\_\_\_\_

Hunter's Certification # and State issued \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender \_\_\_\_\_

Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

Please return the above information to me and I will make the purchase and print it out the Permit for you.

Thank You - Marcia