



**STILLAGUAMISH TRIBE OF INDIANS**  
Hunting, Fishing and Gathering Committee  
P.O. BOX 277  
22712 6<sup>th</sup> Ave NE  
Arlington, WA, 98223

## Participant Acknowledgement

I, \_\_\_\_\_, do hereby acknowledge that I have read the Stillaguamish Tribe Hunting, Fishing and Gathering Code, Seasonal Regulations and any other access agreements or other relevant documents in my seasonal packet. I understand the rules and regulations as set forth in these documents. I also understand that deviation from the rules and regulations may result in citations, civil penalties and/or criminal prosecution, as well as action by the Fishing Hunting and Gathering Committee and the Board of Directors.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian if participant is under 18:

\_\_\_\_\_

(Printed Name) (Signature)