



TRADITIONAL MOOSE HUNTING TALLYMAN'S PERMISSION FORM

ZONE 17

COMMUNITY:		TRAPLINE:	
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ACTIVITY:	
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VALID FROM :		TO:	
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PERMISSION PROVIDED TO:

Lead hunter:	
Address	
Phone:	
E-mail:	

ACCOMPANIED BY:

Name:	
Name:	
Name:	
Name:	

PERMISSION GRANTED SUBJECT TO FOLLOWING TERMS:

1.	
2.	
3.	
4.	

AUTHORIZED BY:

Tallyman's Name:		Date:	
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TALLYMAN'S SIGNATURE: _____

WASWANIPI
Local Cree Trappers' Association
16 Poplar Street
Waswanipi, QC J0Y 3C0
T: 819-753-2322
F: 819-753-2082

OUGE-BOUGOUMOU
Local Cree Trappers' Association
207 Opemiska Street
Oujé-Bougoumou, QC, G0W 3C0
T: 418-745-3911 EXT: 234
F: 418-745-3426

WASKANANISH
Local Cree Trappers' Association
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