

Dated this _____ day of _____ , 20 ____ .

GROUP TRAPPING CONCESSION SPOKESPERSON DESIGNATION FORM

We, the undersigned, are the members of the	NAME OF COOLID	trapping group,
and applicants for or the holders of the trapping		
We declare that all individuals listed as group men	nbers below were added to this list with	the consent of all other members.
We hereby designate	to act as	s the spokesperson for our group.
We understand that all correspondence will be se	ent to our spokesperson on behalf of th	ne group. The spokesperson will
be responsible for all correspondence and admir	istration regarding trapping concession	n area #
on behalf of the group, including registration rene	wal and providing requests for any ass	sistant trapper licences. The
contact information for our spokesperson is:		
SPOKESPERSON		
Name or position		
Mailing address		
Phone #	Date of birth	
Email address		YYYY/MM/DD
Littali addiess		
DECLARATION: As spokesperson, I declare that all members on the date indicated, and that all group		
SPOKESPERSON SIGNATURE	Date	
SPOKESPERSON SIGNATURE	YYYY/MIM/DD	
GROUP MEMBERS		
PRINT NAME	SIGNATURE	DATE YYYY/MM/DD

Attach additional pages to include all group members if required.