



REQUEST APPLICATION FOR A NEW, RELOCATED WATERFOWL OR EXCLUSIVE FIELD BLIND POSITION

Name: _____ Cell Phone () _____

Address _____ Home Phone () _____

City _____ Zip Code _____

E:Mail _____

1. Are you currently a paid member of RHC?

Yes No General Exclusive Field Blind Waterfowl Blind

2. Specify what area you desire or relocate to. **Select ONLY 1**

Gridley Butte City Refuge Princeton Colusa/Williams
 Maxwell New Area Only Arbuckle Anything available

3. What type of blind are you requesting. **Select ONLY 1**

Single Double Triple Four Man

Note: Single hole positions will be sharing the blind with other members

4. If you are only requesting a specific blind fill in the following: **Select ONLY 1**

Area _____ Blind # _____

I have read and understand the procedures to request a new or to relocate to an available blind and understand that I can only have two requests on file at any one time. I also understand that I have 48 hours to respond to an offer and that after that period of time has expired this request will be null and void.

Print Name _____

Signature _____ Date _____