



REQUEST APPLICATION FOR NEW OR RELOCATED WATER 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 Goose Pit Waterblind

2. Specify what area you desire or relocate to;

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

3. Which type of blind are you requesting?

Single Hole in a 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;

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.

Date _____

Print Name _____

Signature _____