

CALIFORNIA WATERFOWL HABITAT PROGRAM

Waitlist Form

Date: _____

Property Name: _____

County: _____

Legal Description: Section(s) _____ Township _____ Range _____
or Assessor's Parcel Number (APN) _____

Total Acreage of Club: _____ Acreage Applying for (500 max): _____

Wetland Acreage (if known): _____

Primary Person to Contact: _____

Title (President, Secretary, Owner, etc.): _____

Address: _____ Phone # _____

_____ E-mail address: _____

Name of Additional Contact (If Applicable): _____

Address: _____ Phone # _____

_____ E-mail address: _____

Participation in Other Programs: _____
