



For Office Use Only
BB Challenge # _____

Texas Banded Bird Challenge – Entry Form

To be completed by participant

Contact Information

Name: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # (_____) _____ Email address: _____

Age: _____ Date of Birth: _____ Gender: _____

Name of Parent/Guardian (if under 18): _____

- I am currently a member of TDHA
- Please renew my membership in TDHA: (Circle One) Standard \$35 – Military \$25 – Senior \$25
- I'd like to become a member of TDHA: (Circle One) Standard \$35 – Military \$25 – Senior \$25
- I'd like to sign up for BB Challenge: \$20 (TDHA membership is not required to enter the BBC)

\$ _____ Membership/Renewal Dues:

\$ _____ BB Challenge Entry:

\$ _____ Total Amount Enclosed:

Credit Card: # _____ Exp. Date: _____

Security Code: _____ Billing Zip Code: _____

Make Checks payable to TDHA

900 NE Loop 410, Ste.D213

San Antonio, TX 78209

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