



Texas Banded Bird Challenge – Harvest Form

To be Completed by Calling TDHA Office

Contact Information

Name: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # (_____) _____ Email address: _____

Age: _____ Date of Birth: _____ Gender: _____

TPWD State of Texas Hunting license: _____ BBC Entry # _____

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

Harvest Information

Bird Band Number: _____ Date of Harvest: _____

Location of Harvest: Address: _____ Nearest Crossroad: _____

County: _____ Nearest Town: _____

Outfitter (if applicable): _____

Photo received on: ____/____/____

***If you harvested a White Winged Dove or Mourning Dove with a band on its leg, PLEASE go to www.reportband.gov and report the band. Your assistance will better the efforts to collect data for research purposes on dove. ***

Must submit photo of the band showing the number Email photo to: tbbc@texasdovehunters.com