

### Receipt of Donated Game for Use in CNS Federal Nutrition Programs

Hunter's Information		
Name:		
Address:		
City:		State: AK Zip:
Species:	Specific Parts of Game Donated:	
<input type="checkbox"/> Moose	<input type="checkbox"/> Front Quarters	<input type="checkbox"/> Hindquarters
<input type="checkbox"/> Sheep	<input type="checkbox"/> Ribs	<input type="checkbox"/> Neck
<input type="checkbox"/> Caribou	<input type="checkbox"/> Brisket	<input type="checkbox"/> Back Strap
<input type="checkbox"/> Deer	<input type="checkbox"/> Other	
<input type="checkbox"/> Other		
Date of Kill:		Location:
Recipient's Information		
Agency Name:		
Recipient's Signature:		Date:

.....  
 Recipient's Copy

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Date of Kill:		Location:
Recipient's Information		
Agency Name:		
Recipient's Signature:		Date:

**Type of Donated Food:**

**Cut of Meat:**

**Hunter:**

**Date:**

**Not an Inspected Product**

**KEEP FROZEN**

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**Cut of Meat:**

**Hunter:**

**Date:**

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