



DEPARTMENT OF THE ARMY
HEADQUARTERS, FORT DEVENS
31 QUEBEC STREET
DEVENS, MASSACHUSETTS 01434-4424

Fall 2021 Fort Devens Hunter Registration Application

Applicant Information

Name	MassFishHunt Customer ID Number		
Street Address	City	State	Zip code
Phone Number	Email Address		
Military Status (active/retired/veteran)	Military Dependant (yes/no)		
Name of Accompanying Minor (12 to 17 years old)	Date of Birth of Accompanying Minor		
Name of Emergency Contact	Phone Number for Emergency Contact		

Preferred Dates - Fall 2021 Hunt

Please write in which dates you would like to hunt on Fort Devens from the available dates listed in the letter of instruction. If there are any dates you do not want please note that. Please note if you would like to hunt on the same dates as another hunter.

RELEASE STATEMENT

I the undersigned, affirm that all information provided herein is true and correct to the best of my knowledge. I agree to abide by all state and federal laws/regulations, Army regulations, Garrison policies (including this SOP and the LOI), or instructions from any Garrison staff person. I understand that failure to do so can result in suspension or loss of hunting privileges on Fort Devens and/or penalties levied by the state. In consideration for receiving authorization to hunt Fort Devens, I the undersigned, release the Installation Commander, the Department of the Army, its agents, officers, servants, and employees of and from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or relating to any loss, damage, or injury that may be sustained by the undersigned, an accompanying minor, or any property of the undersigned while in, on, or upon the premises for the purpose noted above.

Signature

Date
