Saskatchewan Falconers Club Annual Report

Dated: d/m/y			**Signature:**		
Name:				**Permit Number:**	
Address:					
Phone Number:		**Cell Number:**		**email address:**	

Please enter below details of all Raptors held by the licensee in the previous twelve months.

Band number	Species	Sex	Origin	Purpose	Status

Origin

WT-Wild Taken
CB - Captive Breed

Purpose

F Falconry
R Retired
RH Rehabilitation

Status

C Currently in possession D Deceased
L Lost
R Released
T Transferred

Transferred Raptors Sections: For completion when a Raptor has been transferred to or from another Falconer.

Band number	Species	Sex	Date	Permit Number	Name	Address