

# Wildlife Food Plot Application

Name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address                      City                      State                      Zip

Age: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_

County: \_\_\_\_\_

Directions to Food Plot (Attach Map) \_\_\_\_\_  
\_\_\_\_\_

Project Size: \_\_\_\_\_ Planting Date: \_\_\_\_\_

Seed Types & Rates (list) \_\_\_\_\_  
\_\_\_\_\_

Seed Bed Preparation (brief narrative) \_\_\_\_\_  
\_\_\_\_\_

Project Description (brief narrative) \_\_\_\_\_  
\_\_\_\_\_

Mail completed application to:

**Three Rivers SWCD  
P.O. Box 815  
Tappahannock, VA 22560**

*The Three Rivers SWCD programs, activities and employment opportunities are available to all people regardless of race, color, religion, sex, age, national origin or political affiliation. An equal opportunity/affirmative action employer.*