

Lucky 7 Skullworks

Skull Processing Worksheet

(Please complete entire form)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Tag/License Number*: _____

State Harvested: _____ Date Harvested: _____

Phone Number: _____

E-mail Address: _____

Description:

Quantity: _____ Lower Jaw: Yes No

I certify these animals to be legally taken or obtained.

Signature: _____ Date: _____

*Please include original tag/license or copy with skull.

All work completed at customers own risk.

Mail completed form to:

Lucky 7 Skullworks
33226 Kerry Street NW
Cambridge, MN 55008