

2023/2024 Letchworth State Park Hunter Survey

NAME:				(PLEASE PRINT)			
Add	ress:					_	
City	•		State:	Z	ip:		
Phone:		email:	_ email:				
	cooperation would be greatly o wwill result in permit ineligib			-	hunting seasons. Failure to return th N PER SURVEY FORM)	e	
1.	<i>How would you rat</i> Please circle	•	<i>ing experience</i> atisfied to 5-ve				
	1	2	3	4	5		
2.	Where did you hun	it in the park	? (Please see a	ttached m	ap)		
	Area 1 🗆 Area 2	□ Area 3 □	Area 4 🗆 🗚	rea 5 🗆	Area6 🗆		
3.							
	□ early archery	🗆 reg	ular season	□ late	archery/muzzleloader		
4.	Approximately how many hours did you hunt in the park?						
5.	Did you harvest a deer/bear (please circle one) If so, how many, male or female?						
6.	Where did you harvest a deer/bear?						
7.	What implement did you use?						
	□ bow	□ crossbow		shotgun	□ muzzleloader		
8.	Did you have to track a deer/bear (please circle one) onto private property?						
9.	Did you shoot a deer/bear that you were unable to locate?						
10.	Did you see many o each?	deer/bear in t	he park (bucks	, does, faw	vns, cubs)? How many of		

- 11. What other wildlife did you see in the park (Bobcat, fisher, turkey, etc.)? Where? If so, how many of each?
- 12. Did you experience any problems with hunting season? (If so, please explain):

- **13.** Do you have any future recommendations for the hunting season? (If so, please explain):
- 14. Any additional comments (other wildlife sightings, camping experience, etc):

Please return survey by January 5th:

Letchworth State Park Attn: Aaron Heminway 1 Letchworth State Park Castile, NY 14427 <u>Chronic Wasting Disease (CWD):</u> CWD remains a serious threat to NY deer populations. DEC conducts disease surveillance to look for CWD. We encourage hunters to reach out to their local DEC to have their deer harvests tested. Report suspected sick deer to your regional DEC office 518-402-8013 or the Park office (585) 493-3600.