



2024 Deer Hunting Permit Application for Minnewaska State Park Preserve and the Sam’s Point Area of Minnewaska—please do not apply at both areas

Please provide all information requested on the application, sign and return. Any missing information will result in denial of your application.

You can submit your application via email to Terri.McNeil@parks.ny.gov or mail it to either of the following addresses:

Minnewaska State Park Preserve
PO Box 893
New Paltz, NY 12561
Attn: Terri McNeil

Sams’ Point Preserve
PO Box 86
Cragsmoor, NY 12420
Attn: Rich Hobart

The permit is valid for Deer Hunting only. The table below shows the season dates and the implements allowed. Do not modify this table.

Game Species	Season	Implements Allowed
<input checked="" type="checkbox"/> Deer	October 1 st – November 15 th	<input checked="" type="checkbox"/> Bow
<input checked="" type="checkbox"/> Deer	November 2 nd – November 15 th	<input checked="" type="checkbox"/> Crossbow
<input checked="" type="checkbox"/> Deer	November 16 th – December 8 th	<input checked="" type="checkbox"/> Shotgun <input checked="" type="checkbox"/> Bow <input checked="" type="checkbox"/> Handgun <input checked="" type="checkbox"/> Rifle <input checked="" type="checkbox"/> Crossbow
<input checked="" type="checkbox"/> Deer	December 9 th – December 17 th December 26 th – January 1 st	<input checked="" type="checkbox"/> Bow <input checked="" type="checkbox"/> Muzzleloader <input checked="" type="checkbox"/> Crossbow

In-person permits are not being issued

YOU ARE REQUIRED TO COMPLETE A DEER HARVEST REPORT FORM AND SUBMIT IT TO MINNEWASKA VIA EMAIL OR MAIL WITHIN 7 DAYS OF HARVEST. YOU MUST ALSO REPORT YOUR HARVEST TO DEC WITHIN IN 7 DAYS.

ALL HUNTERS ARE REQUIRED TO COMPLETE A QUESTIONNAIRE AND RETURN BY 1/15/25.

FAILURE TO DO SO COULD IMPACT GETTING A HUNTING PERMIT AND A CHANCE FOR A FREE DMAP.



Permit Number: _____ (for office use only)

PLEASE CLEARLY PRINT ALL INFORMATION – IF WE CAN'T READ IT--- YOUR PERMIT MAY NOT BE ISSUED.

Last Name: _____ First Name: _____ Middle Initial: _____

Address _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Email Address:

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Emergency Contact Information:

_____ Home Phone: (____) _____ Cell: (____) _____

First and Last Name

Vehicle Make and Model: _____ License Plate Number: _____

Vehicle Make and Model: _____ License Plate Number: _____

WE REQUIRE YOUR NYS 2024 - 2025 HUNTING ID NUMBER (12 NUMBERS, LOCATED ON PAGE 1 IN THE SECTION WITH YOUR NAME AND ADDRESS)

HUNTERS DEC ID NUMBER: _____

Certification: I hereby affirm under penalty of perjury that all information on this form is true to the best of my knowledge ad belief. I have read and understand the terms of this permit and agree to comply accordingly. It is my responsibility to read, understand and obey all NYS Office of Parks Recreation and Historic Preservation regulations and NYS Department of Environmental Conservation regulations.

Applicant Signature

Date

Parent or Guardian Signature (required if under 18 years of age)

Date