



Group Leader Substitution Request Big game hunting stay

Group leader information

Group Leader (First Name and Family Name)	
Date of the Stay	
Group Leader Telephone Number	()
Group Leader Hunter Certificate Number	
Group Leader Email Address	
Reason for the substitution request (Check corresponding box)	<input type="checkbox"/> <u>Unforeseen</u> medical reason for the group leader. ¹
	<input type="checkbox"/> Summoning of the group leader to a court of law. ²
	<input type="checkbox"/> A death in the group leader's immediate family. ³
Join official supporting documents	

Substitute Information (Registered name on the entry form only)


Substitute (First Name and Family Name)	
Hunter Certificate Number	
Telephone Number	
Email Address	

- I authorize my substitute to make changes to the reservation # _____
- I certify the authenticity of the information provided in this form as well as the attached documents.

Group Leader Signature: _____

Comments:

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 Please return all the documents by email at substitution@sepaq.com at least 7 working days before the beginning of the stay.

¹ Join to this form a duly signed document from your *doctor*, with diagnosis, indicating that you cannot participate in this hunting trip, stating the date.

² Join a copy of the subpoena designation proof.

³ Join a copy of the death notice.