

**First name:**

**Surname:**

Permit Number:

**If you did not visit the site during season please tick here:**



**THIS FORM MUST BE COMPLETED  
FOR EACH VISIT AND RETURNED TO  
THE LINDISFARNE WILDFOWLING  
WARDEN BY 7TH MARCH 2026**

[illegible]

\*See Instructions for completing the Lindisfarne Wildfowling Return information sheet.\*