

**ALASKA BOARD OF GAME**  
**REGULATION PROPOSAL FORM | 2025-2026 MEETING CYCLE**

Proposals must be received by Thursday, May 1, 2025

Upload completed forms online at: <https://boardofgame.adfg.alaska.gov> or

Mail to: Alaska Board of Game, P.O. Box 115526, Juneau, AK 99811-5526

or fax to: (907) 465-6094

<b>BOARD OF GAME REGULATIONS</b> Game Management Unit (GMU) _____ 20B _____ <input checked="" type="checkbox"/> <b>Hunting</b> <input checked="" type="checkbox"/> <b>Subsistence</b> <input type="checkbox"/> Trapping      Other : _____		
Does the proposed change affect residents or nonresidents? <input checked="" type="checkbox"/> Residents <input type="checkbox"/> Nonresidents		
Which meeting would you like to submit your proposal to? <input type="checkbox"/> Western Arctic / Western Region (GMUs 18, 22, 23, and 26A) <input checked="" type="checkbox"/> <b>Interior and Eastern Arctic Region (GMUs 12, 19, 20, 21, 24, 25, 26B, and 26C).</b>		
Please answer all questions to the best of your ability. All answers will be printed in the proposal book along with the proposer's name (address and phone numbers will not be published). Use separate forms for each proposal. Address only one issue per proposal. State the issue clearly and concisely. The board will reject multiple or confusing items.		
1. Alaska Administrative Code No. 5 AAC: 85.045 (18)	Regulation Book Page No.: 110	
2. What is the issue you would like the board to address and why? Increase youth hunting opportunities by allocating a portion (10%) of the antlerless draw hunts in 20B FMA.		
3. What solution do you recommend? In other words, if the board adopted your solution, what would the new regulation say? (Please provide draft regulatory language, if possible.) New hunt codes would be as follows YMXXX season dates Sept 1-Nov 27		
4. Did you develop your proposal in coordination with others, or with your local fish and game advisory committee? Please explain. Yes, the Fairbanks AC was in support of this proposal.		

Submitted By: \_\_\_\_\_

Individual's Name and Name of Organization if applicable

Address

City, State

ZIP Code

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**Home Phone**

**Work Phone**

**Email**