

SHOT FOR HOPE

1168 56TH ST • HUDSON, WI 54016 • 651.269.6681

APPLICATION

Full Name:

Date of birth:

Age:

Illness/Condition:

Is this a RUSH hunt? Yes No

Height:

Weight:

Eye Color:

Hair Color:

Social Security Number:

Sex: Male Female

PARENT/GUARDIAN INFORMATION

Fathers Name:

Address:

City:

State:

Zip:

Phone:

Phone:

eMail:

Mothers Name:

Address:

City:

State:

Zip:

Phone:

Phone:

eMail:

MEDICAL INFORMATION

Physicians Name:

Address:

City:

State:

ZIP Code:

Office Phone:

Fax:

Treatment Facility / Hospital:

Summary of Physical Limitations:

Special Needs or Accommodations:

Wheelchair Bound: No Yes Power Manual

HUNT INFORMATION

What Species:

1:

2:

3:

Has the youth ever hunted before? Yes No

Do they presently have a license to hunt? Yes No

Have they ever had a hunter safety course? Yes No

If yes, when?

Please attach a copy of the certificate

Have you ever participated in any other program such as this? Yes No

If yes, please explain:

How did you hear about SHOT FOR HOPE?

Will you and your family be available to attend the Shot For Hope event on Saturday August 13 2016 in Hudson, WI?

Yes No

I clarify that the above is true to the best of my knowledge.

Signature:

Date: