

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:

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?

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

Signature:

Date: