

# SHOT FOR HOPE

1168 56<sup>TH</sup> 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:

Sex:  Male  Female

## PARENT/GUARDIAN INFORMATION

### Fathers Name:

Address:

City:

State:

Zip:

Phone:

eMail:

### Mothers Name:

Address:

City:

State:

Zip:

Phone:

eMail:

## SIBLING NAME(S) AND AGES

List Name(s) and Ages:

## 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: