

## **Hunter Information Form**

1.	Name:								
	Last			First		r	∕liddle		
2.	Address:								
3.	City, State, Zip	Code:							
4.	Preferred Phon	e Number(s):	:						
5.	Email:								
6.	Date of Birth:								
		Month	Day	Year					
7.	Is the hunter a	ctive or retire	d military?	Yes	No				
8.	Does the hunte	r possess any	of the follow	ing?					
	1. State Issued P2A Disability Card (or related materials)								
	2. Hunter Education Card (only if born after January 1, 1980)								
	3. Firearm Owner Identification Card (resident hunters)  If so, what is the number?								
	4. State-Issued Habitat Stamp (required for all hunters unless under age 16)								
	5. Fishing	License							
9.	Is the hunter co	onfined to a w	heelchair (no	n-ambulatory)?	Yes	No			
10.	Do you anticipa	te using a mo	otorized or no	n-motorized wh	eelchair to ge	t to your blind?	Yes	No	
11.	Please describe	the exact nat	ture of any di	sability and/or a	ny major heal	th problems:			



12.	Please describe any allergies or special needs the hunter may have:						
13.	Please list the desired hunts you would like to participate in:						
14.	What kind of weapon experience does the hunter possess?						
15.	Emergency Contact Information:						
	Name: Phone:						
16.	Will you be bringing a non-hunting assistant with you? Yes No  (Note: We strongly encourage each hunter to bring an assistant-this will be limited to one assistant each)  a. If yes, please fill out assistant's Information:						
	Name:						
	Address:						
	City, State, Zip						
	Birthdate (xx/xx/xxxx):						
	Health or Allergy Issues: Yes No If yes, please explain:						
	Emergency Contact Name:Phone:						
17.	Other needs/preferences/notes/allergies:						