



WOUNDED VETERAN INFORMATION SHEET

NAME					
ADDRESS					
CITY		STATE		ZIP	
HOME PHONE		CELL PHONE		OTHER PHONE	
EMAIL ADDRESS					
NEAREST MAJOR AIRPORT					

INFORMATION NECESSARY FOR FISHING LICENSE: (To be filled out later)

HEIGHT		WEIGHT	
EYE COLOR		HAIR COLOR	
DRIVERS LICENSE #			
STATE ISSUED			

The following questions are not meant to discriminate against any wounded veteran, but rather to gain a better idea of how we can best meet your needs should you have the opportunity to participate in a hunt. Please make note if you are an amputee, wheelchair bound, in need of a caregiver, etc. By necessity, we include a variety of abilities in each group from severely disabled to 100% physically capable. Please do not overstate your abilities or disabilities.

QUESTION 1: Please describe your disability.

QUESTION 2: Please describe any similar trips/projects you have participated in.

QUESTION 3: Please tell us why you are applying, and a little bit about your story.
We do NOT need specific details of your service injuries.