

# 2026 Disabled Veterans Pheasant Hunt - Hunter Application

Full Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Service-Connected Disability %: \_\_\_\_\_

Medical & Safety Information We Should Be Aware Of. (Allergies, CPAP, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete and mail to:  
Camp Bright Bird  
714 W. Prospect St.  
Marshall, MI 49068