**Application for an Outdoor Adventure**

**Contact Information**

Name: Gender:

Date of Birth: Age:

Address:

Phone: Email:

If the individual is under age 18, complete the guardian’s information below.

Name:

Relationship:

**Information about the Individual**

The individual has the following condition or disease:

The individual has the following physical limitations:

Individual’s desired outdoor adventure (hunting, fishing, etc.):

1.

2.

3.

Experience with Hunting: none limited experienced

Experience with Firearms: none limited experienced

Has the individual completed a hunter’s safety course? Yes No

If yes, which state? \_\_\_\_\_\_\_\_\_\_\_ Certificate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adaptive hunting equipment needed:

Do you have appropriate clothing? Yes No

How did you learn about Hunts of Hopes and Dreams?

**Additional Information**

If there is anything else you would like us to know, please list it here:

**Note:** If the individual is approved for a Hunts of Hopes and Dreams outdoor adventure, the individual or guardian will be required to sign a Waiver of Liability.

Return the completed form by attaching it to a message at the bottom of the website or mail to Hunts of Hopes and Dreams, 3228 Canfield Ave, Rhodes IA 50234.