



## Warriors on the Wing - Intro to Pheasant Hunting

		APPLICANT	INFORMATIO	N
Full Name: <sub>-</sub>	Last	First	M.I.	Date:
-luuress		Street Address		Apartment/Unit #
_	City		State	ZIP Code
Phone:		Email:		
Hunters Safe	ety #:	Hunter Sa	fety State:	Gender:
How did you	hear about this hunt?			
Military Statu	us:		Military Branch	:
Military Ranl	k:		How long did you serve?	
Hunting Exp	erience:			
What would	you like to learn from this ev	rent?		
	HEAL	TH INFORMATION	I & EMERGENC	CY CONTACT
Health issue	s we should be aware of:			
Current fitne	ss health:			
Emergency	Contact Name:			
Phone:			Relationship: _	
		MUST PROVIDE	WITH APPLICA	ATION

- Government Identification
- Verification of service-connected disability means an official written letter, statement or card issued by the Department of Veterans Affairs, or by a branch of the Armed Forces certifying that the person has a service-connected disability rating of 20% or higher.

## **DISCLAIMER & SIGNATURE**

This application does not guarantee your position in the 2021 Warrior's on the Wing Pheasant Hunt. We are accepting 20 applications and of the 20 applicants we will be selecting up to 12 applications. Selected applicant will only be able to attend this event once.

I certify that my answers are true and complete to the best of my knowledge.

Signature: Date:
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