



Minnesota
Veterans 4 Veterans
Trust Fund



MN VETERAN OUTDOOR PROGRAMS
PHYSICALLY DISABLED VETERANS DEER HUNT
OCTOBER 9-11, 2018
PLEASE PRINT ALL INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Age: _____ Weight: _____

Emergency Contact Person Name: _____

Phone number: _____

(WHEELCHAIR VETERANS RECEIVE PREFERENCE)

Briefly describe physical / medical disabilities:

Difficulties with outdoor temperatures: Yes _____ No _____

Describe any special needs, assistance, and/or equipment you will need:

Do you require the use of a wheelchair for independence: Yes _____ No _____

Please circle items used: walker cane crutches other: _____

List any current medications taken: _____

Emergency contact person _____ Phone number _____

Allergies (be specific): _____

Please list any other medical information concerning your current health status:

Last year you hunted at Ripley: _____ Last year you fired a weapon: _____

Do you have a weapon available to use: Yes _____ No _____

PLEASE NOTE: "IF SELECTED"

1.) You have the option of selecting a family member or friend as your experienced hunting partner

OR

2.) Allowing us to partner you with an experienced volunteer partner.

Please complete the questionnaire below with your preference for partner and lodging needs.

PREFERENCE REGARDING HUNTING PARTNER:

_____ Yes, I have an experienced hunting partner.

Please include his/her name with application: _____

_____ No, please provide me with an experienced Volunteer

LODGING:

** PLEASE list any special requirements you may need for lodging

Comments: _____

LODGING will be provided at Camp Ripley for Hunters and Partners.

_____ YES, please provide me with lodging.

_____ NO, I do not require lodging.