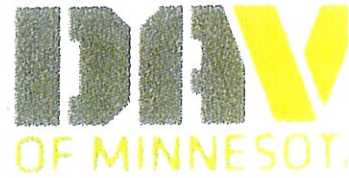




**Minnesota
Veterans 4 Veterans
Trust Fund**



**MN VETERAN OUTDOOR PROGRAMS
PHYSICALLY DISABLED VETERANS DEER HUNT
OCTOBER 3 - 5, 2017
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 _____

If yes, please indicate: Shotgun _____ Handgun _____ Archery _____ (Rifles not permitted)

***** You must have own transportation to Camp Ripley. *****

Branch of Service: _____

Rank: _____

WWII: _____ Korea: _____ Vietnam: _____ Desert Storm: _____ Afghanistan _____ Iraq _____

Years served: _____

1. Our screening committee will review all applications.
2. All applicants will be notified by mail after SEPT. 1, 2017 as to their selection.
3. Hunt will be held on TUESDAY- THURSDAY, October 3-5.

Questions concerning this hunt should be directed to Dennis Erie (320) 380-4569 or
Email: mn.service.orgs@gmail.com

APPLICATIONS MUST BE RECEIVED BY: AUGUST. 25, 2017

1. SPACE IS LIMITED, APPLICATIONS WILL BE PLACED IN THE GENERAL LOTTERY.

Return applications to:

MN VETERAN OUTDOOR PROGRAMS
P.O. BOX 953
ST. CLOUD, MN. 56302

****MANDATORY TRAINING****

****All participants MUST attend this training to be included in the program****
Hunter Safety Education Training CAMP RIPLEY
Tuesday, October 3, 2017 Event Center
10:30 a.m. - 1:30 p.m.

Applicant's Signature x _____

FOR OFFICE USE ONLY
(To be completed by screening team)

-
- a. Veteran's application has been completely filled out. Yes _____ No _____
 - b. Veteran has met physical disability criteria: Yes _____ No _____

Coordinator

Date Received

PLEASE NOTE "IF SELECTED"

1.) You have the option of selecting: a family member or friend as your Partner

OR

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

***Please fill out the questionnaire below with your preference and lodging needs.**

PREFERENCE REGARDING PARTNER:

_____ Yes, I have an experience Partner.

Please include his/her name with application: _____

_____ No, please provide me with an experienced Partner.

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