

HUNTER INFORMATION SHEET

Name_____

Address_____

City_____State_____Zip Code_____

Residence Phone_____Email_____

DOB_____Height_____Weight_____(This information for the horses!)

Emergency Contact_____Phone_____

Relationship to Hunter_____

Allergies or Medications?_____

Special Dietary needs?_____

Physical Limitations?_____

Please give a brief description of your physical capabilities in regards to horseback riding and hiking as it relates to this hunt?_____

Are you hunting as a "Party" If so, with whom?_____

Hunting License Number(S) Species_____#_____

Species_____#_____Species_____#_____

Thank you for taking the time to fill out this questionnaire. The more we know about your abilities the better we can assist you in what we hope will be the "hunt of a lifetime"!