

Hunter Profile

Please complete and return (print or type)

Last Name _____ First Name _____

Phone: (Cell) _____ (Wk) _____ (Hm) _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____

- Person/company responsible for payment (if other than yourself): _____
- Please list members of your hunting party: _____

Medical Information

- Special Dietary Needs:

- Do you have any physical impairment that we should know about? _____

- Do you have any allergy problems that we should know about? _____

- Can we use your name and telephone number on a reference list? Yes _____ No _____
- Can we use your photo in future brochures or advertisements? Yes _____ No _____
- If flying, please list flight details.
 - Arrival: _____
 - Departure: _____