

Colorado Dream Hunts Hunter Application

Hunter Information

Legal Name _____ Nick Name _____ Birth Date: _____
Age: _____ Sex: _____ Mobility Aid Needed/Used Y N Type: _____
Email: _____ Facebook / Instagram /Twitter: _____
Medical Diagnosis: _____ Right or Left Handed _____

Parent / Guardian Information

Father: _____ Mother: _____
Address: _____ Address: _____
City: _____ State: _____ ZIP: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____ Phone: _____ Email: _____
Are both guardians aware of Hunter's medical condition: Y N

Physician / Diagnosis Information

Physician Name: _____
Address: _____ City: _____ Zip _____
Office Phone: _____ Fax: _____ Emergency Phone: _____
Email: _____ Treatment Facility/Hospital _____
Medical Diagnosis: _____
SpecialNeeds/Accomodations: _____

Dream Hunt Request

What is your Colorado Hunting Dream: (Rate 1-3) Elk _____ Mule Deer _____ Pronghorn Antelope _____
Has applicant hunted before: Y N Hunter Safety Card: Y N Date of Safety Course: _____ (attach)
Previous hunting experience: _____

I certify the information above is true and accurate

Father: _____ Mother: _____ Hunter: _____