

Winona/Root River Pheasants Forever Mentor Hunt Form

Name: _____

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip: _____

Parent(s) and or Guardian(s): _____

Please complete the following....

I will be accompanied by _____ who is my _____

CIRCLE THE FOLLOWING

My parent(s) or guardian(s) would like to help: YES NO

I will need a shotgun to hunt: YES NO

I have a shotgun that I will bring to the hunt. It is a: 12ga 20 ga

I have have blaze orange gear: YES NO

I need to borrow blaze orange gear: YES NO

I have hunted before: YES NO

Participants must have a valid Firearms Safety Permit (REQUIRED)

Participants age in October, 2016: _____

My parent(s) or guardian(s) and I have read and understand the requirements for the day and understand that if you do not follow the requirements you will not be allowed to hunt.

Signed by: _____ Date: _____
participant

Signed by: _____ Date: _____
parent/guardian

Date:

To whom it may concern:

The following people have my permission to consent to emergency medical treatment for my child
_____ in my absence.

List names of people who have permission here, plus their relationship to the child:

Child's doctor: _____

Phone number: _____

Allergies and other medical issues or concerns:

Parent contact information if applicable:

Signed by: _____ Date: _____

parent/guardian

Please complete, sign and return the enclosed forms to:

Matt Monahan at: monahan.matthew@yahoo.com