



**MN VETERAN OUTDOOR PROGRAMS  
PHYSICALLY DISABLED VETERANS TURKEY HUNT  
MAY 3-5, 2016  
PLEASE PRINT ALL INFORMATION:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**(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)

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 APRIL 1, 2016 as to their selection.
3. Hunt will be held on TUESDAY- THURSDAY, May 3-5.

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

**APPLICATIONS MUST BE RECEIVED BY: APRIL 1, 2016**

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  
Monday, May 3, 2016  
10:30 a.m. - 1:30 p.m.

CAMP RIPLEY  
Event Center

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 experienced turkey caller

OR

2.) Allowing us to partner you with an experienced turkey caller.

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

---

**PREFERENCE REGARDING TURKEY CALLER:**

\_\_\_\_\_ Yes, I have an experienced partner.

Please include his / her name with application: \_\_\_\_\_

\_\_\_\_\_ No, please provide me with an experienced Turkey Caller

**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.