

16980 Wood Road, Lansing MI 48906 www.tonysemplefoundation.org phone: 517.372.8300 | fax: 517.372.8301

Outdoor Adventure Application

Applicant name:	
Address:	
E-mail address:	
Home Phone:	Cell Phone:
Applicant's date of birth:	
Clothing sizes: SHIRT:	PANTS:
BOOTS:	COAT:
My age is: My hei	ght is:ftin.
My weight is:lbs.	
I understand that if chosen for an "Outdoorchaperone/supervisor with me. Applicant person. I would like that individual to be:	
Name:	Relationship:
Signed (applicant)	(Date)
Signed (parent/quardian)	(Date)

(CHECK THE APPLICABLE ANSWER BELOW)
☐ I <u>have</u> a hunter certification card.
☐ I do not have a hunter certification card.
☐ I <u>have</u> been hunting before.
☐ I <u>have not</u> been hunting before.
☐ I <u>have</u> fired a gun. (If so, what kind?)
☐ I <u>have not</u> fired a gun.
☐ I am <u>on</u> therapy/treatment.
☐ I am <u>off</u> therapy/treatment.
If selected to be a recipient of an "Outdoor Adventure" through the Foundation For Hope, I would need the following special adaptive equipment. (wheelchair, gun rest, etc):
Brief history of life-threatening or life challenging condition:
Sponsor Name and Chapter if applicable:
Sponsor address:
Chapter address:
Sponsor telephone:
Sponsor fax:
Sponsor email address:

or your family are members of:	ation organizatio	ns that you
Describe your ideal "Outdoor Adventu	re":	
Has the applicant hunted before:	YES:	NO: 🗌
Identify any hunting related experience	es:	
Identify physical and mental limitations Attach two (2) letters from personal ph number) supporting the assessment a	ysicians (name, a	
All information obtained through this apsolely to be used by the Tony Semple possible "Outdoor Adventure" candidates	Foundation For F	
This is only an application and does not Adventure". The Tony Semple Foundation receiving their application. We that application and look forward to talking	ition For Hope wil nank you for takin	I contact all applicants

How did you hear about the Tony Semple Foundation for Hope?