



## **“Outdoor Adventure Application”**

Applicant name: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant's date of birth: \_\_\_\_\_

Clothing sizes: (Please Specify Men's or Boys)

SHIRT: \_\_\_\_\_ PANTS: \_\_\_\_\_ (Ex) (W x L) (34x30)

BOOTS: \_\_\_\_\_ COAT: \_\_\_\_\_

My age is: \_\_\_\_\_. My height is: \_\_\_\_ ft: \_\_\_\_ inches.

My weight is: \_\_\_\_\_ lbs.

I understand that if chosen for an “Outdoor Adventure” I will have a chaperone/supervisor with me. Applicant will be accompanied by (one (1) person): I would like that individual to be...

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed (applicant) \_\_\_\_\_ (Date) \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian) \_\_\_\_\_ (Date) \_\_\_\_\_

**(CIRCLE THE APPLICABLE ANSWER BELOW)**

I (have, do not have) a hunter certification card.

I (have, have not) been hunting before.

I (have, have not) fired a gun. (If so, what caliber and brand?)

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Identify any hunting related experiences:

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

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Describe your dream Hunting or Fishing “Outdoor Adventure”:

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Identify ANY physical and mental limitations, as well as other medical concerns that might be a factor in this Outdoor Adventure.

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I am (on therapy/treatment, off therapy/treatment). (Circle one that applies)

Brief history of life-threatening or life challenging condition:

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If selected to be a recipient of an “Outdoor Adventure” through the Foundation for Hope, I would need the following special equipment: (*wheel chair, gun rest, adaptive equipment, etc*). Please list all possible equipment:

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## **Needed for completion of this Application are:**

- **Two** (2) letters from your personal physician or Hospital supporting the assessment and prognosis of individual applying for the Outdoor Adventure.

Please attach the mandatory letters to the application and mail in.

**\*Please NOTE that all areas must be completed in FULL or where applicable in order to be presented to the board for approval and acceptance. Incomplete applications will not be accepted!**

Please mail complete application to:

**Tony Semple Foundation for Hope  
16980 Wood Road  
Lansing, MI 48906**

**Office: (517) 372-8300**

All information obtained through this application is considered confidential and is solely to be used by the Tony Semple Foundation for Hope for the evaluation of possible “Outdoor Adventure” candidates.

**This is only an application and does not guarantee a granted “Outdoor Adventure”. The Tony Semple Foundation for Hope will contact all applicants upon receiving their application.**

If you have any questions please feel free to contact us directly at our Foundation Headquarters. We thank you for taking the time to fill out the application and look forward to talking with you soon!

**Sponsoring Party information on following page:**

**\*Applicants for an Outdoor Adventure need NOT a representative sponsor for acceptance!**

**Sponsoring Party info below:**

Sponsor Name and Chapter (If Applicable):

\_\_\_\_\_

Sponsor address: \_\_\_\_\_

\_\_\_\_\_

Chapter address: \_\_\_\_\_

\_\_\_\_\_

Sponsor telephone: \_\_\_\_\_

Sponsor fax: \_\_\_\_\_

Sponsor e-mail address: \_\_\_\_\_

**\* Please review and make sure all areas are complete. Incomplete applications will not be accepted!**

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