ADVENTURE APPLICATION FORM

In order to apply for an Outdoor Dream Adventure, please fill out the form below and email to: TheOutdoorDreamFoundation@gmail.com.

Name of Participant | **DOB** | **Age** | **Gender**

Address / City / State / Zip Code

Contact Name | **E-Mail** | **Cell Phone**

Does your child have any mobility limitations? If yes, explain.

Does your child have any food allergies or special dietary needs? If yes, explain.

Please explain the participant's medical condition and treatment history.

What is the participant's past experience with hunting, fishing, and shooting?

Has the participant received an outdoor wish grant with a similar organization? If yes, organization name and animal harvested?

Does applicant have a hunter education? If yes, what is the number and state?

APPLICATION & PHOTO RELEASE DISCLAIMER

As part of the application process, you must request a letter from the participant's physician verifying the applicant's medical condition. The letter should be emailed directly to TheOutdoorDreamFoundation@gmail.com.

By submitting this application, you acknowledge and agree that the information provided may be shared with the organizations, sponsors, partners, and individuals involved in reviewing applications and planning the outdoor adventure trip.

The selected recipient will be granted the adventure trip for themselves and one parent or chaperone. By participating, the recipient and parent/chaperone acknowledge that photographs and/or video taken during the trip may be used by the organizing organizations and their partners for promotional and marketing purposes, including advertising, websites, social media, print materials, and other communications.

By submitting this application, you authorize the use of submitted information for trip planning and selection purposes and acknowledge the potential use of photographs and video as described above.

Signature | **Date**