

Foundation for North American Wild Sheep
Alberta Chapter
Youth Hunter Sheep Camp July 27-29, 2007

Participant Application Form

Name: _____

Mailing Address: _____

_____ Postal Code: _____

Phone: Day: _____ Evening: _____ Cell: _____

Date of Birth: _____ Have you been to this camp before? _____

Parent or Guardian: _____

Health Information

Do you have any medical conditions, disabilities, allergies or other conditions that we should be aware of?

Emergency Contact During Camp:

Name: _____ Phone: _____

Hunting Information

WIN Number: _____ (if you have it)

Have you completed the Hunter Education Program? Yes _____ No _____

Have you hunted Big Game in Alberta? Yes _____ No _____

Have you hunted Bighorn Sheep? Yes _____ No _____

I agree to follow all the rules and conditions of the FNAWS Alberta Chapter Youth Hunter Sheep Camp and Alford Lake Conservation Education Centre for Excellence

Signature of Applicant

Date

Signature of Parent or Guardian

Date

Please include a short essay on your hunting experiences or on your future hunting dreams. Please tear out this sheet, sign the Waiver and Indemnity Agreement (on reverse) and send with your \$25.00 registration fee to:

FNAWS Alberta Chapter c/o Karen Latimer #3, 5210 ~~65 Ave. Olds, AB T4H 1W7~~ 