Wild Man Adventures, Inc.

CLIENT INFORMATION SHEET

The following information will be used to purchase your licenses and tags, emergencies and to help us customize your trip to your specific needs. Please complete the whole form.

Personal Information:

Name (First, Middle and Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Street Address/City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last 4 of SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Archery Education No. Or previous archery permit or attached signed affidavit (If hunting archery in Idaho):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hunter Education No. (Required if born after 1/1/75):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sportsman ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check if WY\_\_\_\_\_ Idaho\_\_\_\_\_\_\_

Hunt Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_Weight:\_\_\_\_\_\_\_\_Eyes:\_\_\_\_\_\_\_\_Hair:\_\_\_\_\_\_\_\_

Emergency Information: In case of emergency, contact the following people:

Contact #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State any health problems that we should know about (illness, heart disease, joints, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies (penicillin, insect bites, food, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications currently being taken:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietary Information: Please describe any special dietary needs or restrictions: Food you won’t or can’t eat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mountain/backcountry experience ( check) : Extensive \_\_\_ Moderate\_\_\_ Little/None\_\_\_

Are you comfortable with these (Y or N): Boats/water \_\_\_ Heights \_\_\_ Bears \_\_\_ Night travel\_\_\_ Backpacking\_\_ \_Cold Weather \_\_\_ Sleeping in a tent. \_\_\_

Hunting in the rain and snow\_\_\_\_

Additional comments/details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical fitness (please circle: 1 is poor, 10 is triathlete): 1 2 3 4 5 6 7 8 9 10

What is the most important aspect(s) of this trip for you (be honest):

Trophy Animal\_\_\_Representative animal \_\_\_Seeing a lot of game \_\_Good experience\_\_\_

Weapon you'll be using on the trip:. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you rate your shooting ability /confidence: 1 2 3 4 5 6 7 8 9 10

Other comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wild Man Adventures, Inc. would like to use your field photos in our advertisements and brochures. Please send us any good pictures or slides upon getting them developed. By signing below, you agree that all of the information contained within this document is accurate and current and you agree to let us use your photos and comments for marketing and promotional purposes.

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_