



Limitless Outdoors, Inc.

APPLICATION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

AGE: _____ GENDER: _____ HEIGHT: _____ WEIGHT: _____

T-SHIRT SIZE: (_____)

ALLERGIES: _____

PLEASE LIST A PERSON WHO MAY BE ATTENDING AN EVENT WITH YOU:

NAME: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

T-SHIRT SIZE: (_____)

DISABILITIES ? : _____

IN YOUR OWN WORDS, PLEASE DESCRIBE HOW YOUR DISABILITY AFFECTS YOU: _____

PREVIOUS OUTDOOR EXPERIENCES, CHECK ALL THAT APPLY:

NATURE WALKS FISHING NO EXPERIENCE

HUNTING CANOEING OTHER

IF OTHER EXPERIENCE, PLEASE BRIEFLY EXPLAIN: _____

SIGNATURE: _____ DATE: _____