



# 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: \_\_\_\_\_