

City of EGF Greenway Archery Deer Hunt
October 9th - 11th, 2025
Application/Questionnaire

*If you need assistance filling out this form please call 800-726-3692.

Print Name _____

Cell Phone _____ **Home Phone** _____

Address _____

City _____ **State** _____ **Zip** _____

Email Address _____

Are you a Veteran? _____

Date of Birth: __/__/__ **Gender:** **Male** **Female**

Ethnicity: **Caucasian** **Native American** **Asian American**
 African American **Hispanic** **Pacific Island**

Have you applied, will apply, or been accepted for any other deer hunt for persons with disabilities this year? _____

What are your personal goals and expectations coming out of this hunt?

What type of disability do you possess? Name and please describe.

How many years have you been hunting as a person with a disability? _____

How many years prior? _____

What type of modifications/adaptive equipment do you use while hunting? _____

What accommodations do you need from us?

To get to the deer stand/post site? _____

Within the deer stand? _____

When shooting?(Gun or Crossbow) _____

Gutting deer? _____

Dragging deer? _____

Are there any other accommodations you need in order to have a successful hunt?

Will you be bringing someone with you to assist you on stand? _____

Do you need an assigned volunteer to assist you while on stand? _____

If you use an assigned volunteer, what training will the volunteer need in order to fulfill their duties? _____

Do you possess your firearm safety certificate? _____

What type of weapon will you be using and is it adapted in order for you to use it? _____

Would you like to be on the edge of a field or in the woods? _____

Do you have any dietary restrictions? _____

Any questions or concerns we should know about in order to make the hunt successful?

Do you need our help planning or would you like to waive our assistance? _____

Signature _____ **Date** _____

Notes: