



Event Name: 7th Annual Angelina
Wheelin' Sportsmen Event

Event Date: December 11-12, 2015

Physically Disabled Participant Application Form
Please complete one registration form per participant

Please, completely fill out application for the Angelina Wheelin' Sportsmen Event. Incomplete applications may result in you not being selected as a participant.

Group/Organization Name (if applicable): _____

Participant Name: _____

Address: _____ **E-mail:** _____

City, State, and Zip: _____

Phone: _____ **Cell phone:** _____

Age: _____ **Sex:** _____

Emergency contact name: _____ **Relationship to you:** _____

Emergency phone number: _____ **Day or Night**

In order to accommodate your needs and to ensure that you have a successful time at this event, we will need the following information. Use the back of form and provided additional documentation if needed.

What is your disability (if you have a spinal cord injury please indicate what level)? **BE SPECIFIC!**

Do you require the use of assistive devices? If so, please list (manual wheelchair, power wheelchair, walker, prosthesis, etc.) _____

Please tell us how many people will be accompanying you. _____ What is your t-shirt size? _____

Is this the first time you have attended a Wheelin' Sportsmen event? _____yes _____ no

Are you veteran?..... _____yes _____ no

Are you interested in receiving emails regarding job opportunities with the Forest Service _____yes _____ no

Please list any allergies that we need to be aware of (food, latex, etc.) _____

All participants must sign below (if under 18 or not own guardian - parent or legal guardian must also sign.) The applicant, by signing below, acknowledges this program involves some risk and he/she assumes responsibility for his/her actions and for any injury that may result from participation and also waives and releases all other participants, the host, sponsors, guides, landowners, volunteers, instructors, the National Wild Turkey Federation, officials, and/or other parties involved in the event from all claims and/or damage/injury incurred in connection with this event. In addition, participant grants the sponsors, co-sponsors, and the NWTF the unconditional right to use the name, voice, and photographic likeness of the person listed above, in regards to any of the publications and audio/video productions. In addition, participant grants the NWTF the right to send you email updates about Wheelin' Sportsmen and NWTF news, events and promotions.

_____/_____/_____
Signature of Participant / Print Name Date

_____/_____/_____
Signature of Parent or Legal Guardian (if under 17 or not own guardian) / Print Name Date

Please send completed form no later than November 20, 2015 to:
Angelina NF, Attn: Mandy Chumley or Jason Engle, 111 Walnut Ridge, Zavalla, TX 75980 or to:
mchumley@fs.fed.us or jaengle@fs.fed.us, 936-897-1068