

Veteran Guided Hunt Application

I. Pe	rsonal Information			
•	Full Name:			
•	Date of Birth: Age:			
•	Gender: □ Male □ Female □ Other			
•	Address:			
•	City: State: ZIP:			
Phone Number:				
Email Address:				
. Mi	litary Service Information Branch of Service: □ Army □ Navy □ Air Force □ Marine Corps □ Coast Guard			
	☐ Space Force ☐ Other			
•	Years of Service:to			
•	Rank/Title:			
•	Status: ☐ Active Duty ☐ Retired ☐ Veteran			
•				
•	Combat Experience: ☐ Yes ☐ No			

3. Hunting Experience			
•	Have you hunted before? ☐ Yes ☐ No		
•	If yes, briefly describe your experience (e.g., type of hunting, locations, years of experience):		
•	Do you have your own hunting equipment? ☐ Yes ☐ No		
•	If no, do you need equipment to be provided? \square Yes \square No If yes, please specify.		
4. Ph	sical and Medical Information		
•	Do you have any physical disabilities or medical conditions we should be aware		
	of? □ Yes □ No		
•	If yes, please explain:		
•	Do you require any special accommodations? ☐ Yes ☐ No		
•	If yes, please specify:		
•	List any allergies (e.g., food, medications, insect bites):		
•	Are you currently receiving treatment or medications that may affect your		
	ability to participate? ☐ Yes ☐ No		
•	If yes, please provide details:		
	als and Interests		
•	Why are you interested in participating in this guided hunting trip?		

•	 What do you hope to gain from this experience (e.g., relaxation, camara skill-building)? 		
6. Pe	Permissions and Agreements		
•	• Initials:I confirm that I am a U.S. n	nilitary veteran and eligible to apply for this	
	program.		
•	• Initials: I understand that hunting i	nvolves risks, and I am willing to	
	participate responsibly.		
•	• Initials: I agree to complete and sign	gn all required liability waivers prior to the	
	trip.		
•	Initials: I understand that submitti	ng this application does not guarantee	
	selection for the hunting trip.		
7. Me	Media Release (Optional)		
•	• Initials: I grant permission for my p	hotos/videos to be used for promotional	
	purposes.		
8. Re	Reference Information (Optional)		
•	Name of someone who can provide a per	rsonal reference (optional):	
	Name:	Phone:	
Signa	gnature Section		
I certi	ertify that the information provided is accurate	and complete to the best of my	
know	owledge.		
Appli	plicant Signature:	Date:	

Submission Information

Please submit the completed form by June 1, 2025 via:

• **Email:** Northernnevadaoutfitters@gmail.com

• Online: [insert website or submission link]

For questions or additional information, contact:

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