

BackRhoads

HUNTER INFORMATION RECORD

The following information is considered confidential and is used to obtain licenses for hunts booked. We've also requested pieces of pertinent information in an effort to make your hunt as safe and enjoyable as possible.

Name _____

Address _____ City _____ State _____ Zip _____

HomePhone _____ Cell Phone _____

Fax Number _____ Email Address _____

Date of Birth _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Driver's Lic. # _____ Soc. Sec. # _____ Hunter's Safety # _____
(Last Four) (If Under 18)

Emergency Contact Name _____ Number _____

General Physical Condition: Excellent _____ Good _____ Fair _____ Poor _____

Any Medical Conditions _____

Any Drug or Food Allergies _____

Special Dietary Needs _____

Hunting Experience as it relates to this Trip _____

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