



**Application for one event**

What event are you applying for \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Years served \_\_\_\_\_ Rank \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

WWII \_\_\_\_\_ Korea \_\_\_\_\_ Vietnam \_\_\_\_\_ Desert Storm \_\_\_\_\_ Afghanistan \_\_\_\_\_ Iraq \_\_\_\_\_ Other \_\_\_\_\_

On the back of this application please list in detail any disabilities & diagnosis, current medication taken, and any special needs such as assistance, diet, equipment - - cane, crutches, wheelchair, walker, etc.

**Do you have a "Service Connected" disability ?** \_\_\_\_\_

**Difficulties** with outdoor temperatures ? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and phone number of contact person in case of emergency \_\_\_\_\_

Our screening committee will review all applications // **All** applicants will be notified by mail, phone or e-mail // **You must** provide your own transportation to and from this adventure // Questions concerning the event you are interested in should be directed to Mike at email [info@mrveteransoutdoors.com](mailto:info@mrveteransoutdoors.com) or Lynette email [lynette@mrveteransoutdoors.com](mailto:lynette@mrveteransoutdoors.com). Both can be reached by 218-222-2880.

Please return application 20 days prior to event to: Middle River Veterans Outdoors  
PO Box 66  
Middle River, MN 56737

X \_\_\_\_\_  
**Applicant's Signature**