



LEEK INFORMATION FORM

NAME		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH	
MAILING ADDRESS		CITY		STATE	ZIP
HOME PHONE		ALTERNATE PHONE		MOBILE PHONE	
EMAIL ADDRESS			ALTERNATE EMAIL		
OCCUPATION / TITLE / RANK		MARITAL STATUS		MEDIA WILLINGNESS <input type="checkbox"/> YES <input type="checkbox"/> NO	
ALTERNATE / EMERGENCY CONTACT		RELATIONSHIP		PHONE	
BRANCH OF SERVICE <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> MARINES <input type="checkbox"/> NAVY <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> OTHER:					
SERVICE STATUS <input type="checkbox"/> AD <input type="checkbox"/> MEDICALLY RETIRED <input type="checkbox"/> RETIRED <input type="checkbox"/> OTHER:					
DATE OF INJURY		LOCATION OF INJURY (IRAQ, AFGHANISTAN, STATESIDE, OTHER)			
TYPE OF INJURY / DISABILITY					
ARE YOU RECEIVING INPATIENT/OUTPATIENT CARE <input type="checkbox"/> YES <input type="checkbox"/> NO			NAME AND LOCATION OF HOSPITAL		
<input type="checkbox"/> AMPUTEE <input type="checkbox"/> VISUALLY IMPAIRED <input type="checkbox"/> PTSD <input type="checkbox"/> SCI <input type="checkbox"/> SFW/GSW <input type="checkbox"/> TBI <input type="checkbox"/> OTHER:					
INJURY DESCRIPTION					
OTHER INFORMATION OR MEDICAL NEEDS THAT MAY BE PERTINENT TO OUR STAFF DURING YOUR VISIT					



LEEK HUNTING AND MOUNTAIN PRESERVE EVENT APPLICATION

*** ALL INFORMATION PROVIDED WILL BE TREATED AS PRIVATE IAW WITH HIPPA ***

APPLYING FOR <input type="checkbox"/> SPRING GOBBLER <input type="checkbox"/> BLACKPOWDER/ARCHERY DEER <input type="checkbox"/> BEAR <input type="checkbox"/> WINTER DEER RIFLE	
OCCUPATION / TITLE / RANK	
<input type="checkbox"/> I CAN WALK LONG DISTANCES WITHOUT ASSISTANCE, AND CLIMB TREE STANDS <input type="checkbox"/> I NEED ASSISTANCE FOR LONG DISTANCES AND HELP CLIMBING TREE STANDS <input type="checkbox"/> I NEED USE OF LEEK'S ACTION TRACK CHAIR (BATTERY-OPERATED ALL TERRAIN WHEELCHAIR)	
NAME OF CURRENT PHYSICIAN	PHYSICIAN CONTACT INFO
WILL YOU BRING YOUR OWN HUNTING CLOTHES <input type="checkbox"/> YES <input type="checkbox"/> NO	PLEASE LIST YOUR SIZES REGARDLESS OF WHETHER YOU CHECKED YES OR NO: PANTS WAIST: PANTS LENGTH: SHIRT: JACKET: SHOES:
HAVE YOU HUNTED BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT GAME HAVE YOU HUNTED? <input type="checkbox"/> BIG GAME <input type="checkbox"/> SMALL GAME LIST:
DO YOU HAVE ANY SPECIAL TRAINING (FOR EXAMPLE, FIRST AID, CPR, WATER LIFE SAVING, ETC.)?	
IT IS VITALLY IMPORTANT THAT WE KNOW IF YOU HAVE ANY PHYSICAL PROBLEMS AND/OR ISSUES WE COULD EXPECT TO ENCOUNTER. IN THE SPACE PROVIDED BELOW, PLEASE LIST ANY PHYSICAL PROBLEMS OR DEFICIENCIES THAT YOU MAY HAVE (for example, breathing problems, diabetes, allergies to a bee or wasp sting, allergies to foods, allergies to medications, allergies to environment [e.g., hay fever, animals, etc.], food or leg weakness, night blindness, extreme fear of heights, etc.) THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL, BUT WE MUST KNOW ABOUT IT BEFORE YOU ARRIVE.	
ADDITIONAL NOTES: • PLEASE BRING A COOLER FOR YOUR GAME.	
HOW DID YOU HEAR ABOUT LEEK? <input type="checkbox"/> NEWSPAPER NAME: <input type="checkbox"/> WEBSITE <input type="checkbox"/> FELLOW WARRIOR <input type="checkbox"/> INTERNET <input type="checkbox"/> FRIEND, RELATIVE <input type="checkbox"/> OTHER:	

YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE READ AND UNDERSTOOD THIS APPLICATION:

PLEASE PRINT NAME ON THE LINE ABOVE

SIGNATURE REQUIRED

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS FORM!

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WWW.LEEKPRESERVE.ORG