

Building Brighter Dreams Application

Name _____ Birth Date _____ "*****I gpf gt
Firsv""O iddle""Nast
 Home Address*Hwn+ _____

Parent Contact Information:

First Contact Parent/Guardian _____
 Day Phone _____ Evening Phone _____ Cell _____

Second Contact Parent/Guardian _____
 Day Phone _____ Evening Phone _____ Cell _____

Emergency Contact _____
Name Relationship phone

Does the parent/guardian give consent for the applicant to be filmed or photographed for promotional use? Y N

Past Outdoor/Hunting Experience:

Does the applicant have any hunting or archery experience? Y N
 Is the applicant hunter safety certified? Y N
 Does the applicant have camouflage clothing to wear for hunts Y N

If no, please provide pant and shirt size. _____
 Please list other preferred outdoor activities that the applicant may enjoy participating in.

Health Care Coverage: It is mandatory that applicants provide proof of valid insurance in order to participate in activities provided by Building brighter Dream, Inc. Please provide copy of your insurance card with the application. By signing the application packet you are giving consent for Building Brighter Dreams, Inc and/or its board to verify proof of your insurance and complete a background check on the applicant and parent/guardian that accompanies them.

Policy Holder _____ Policy/Group # _____
 Parent/Guardian SS# _____ Place of Employment _____
 Applicant SS# _____

Medical Information:

Family Doctor _____
Name/Clinic Phone

Family Dentist _____
Name/Clinic Phone

Allergies: _____
Medication/Latex Food

Bee/Wasp Allergy: _____ This causes anaphylaxis: _____ Epi-Pen Needed: _____
 Is Tetanus current (last vaccine < 10 years ago)

