

WRPCO PETENWELL WILDLIFE AREA DISABLED HUNT APPLICATION FORM

- 1) NAME:**

- 2) COMPLETE MAILING ADDRESS:**

- 3) EMAIL ADDRESS:**

- 4) TELEPHONE NUMBER:**

- 5) EXPLAIN YOUR DISABILITY/ILLNESS:**

- 6) WHEN DID YOU BECOME DISABLED/ILL?**

- 7) NUMBER OF DEER HARVESTED LIFETIME?**

- 8) NUMBER OF DEER HARVESTED SINCE BECOMING DISABLED/ILL?**

RETURN TO WRPCO, ATTN DARRIN JOHNSON, 2001 PLOVER RD, PLOVER, WI 54467 OR EMAIL TO dmjohnson@integrvgroup.com

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9) EXPLAIN WHAT YOU NEED TO ACCOMMODATE YOU FOR A HUNTING STAND:

10) WILL YOU BE BRINGING A NON-HUNTING ASSISTANT WITH YOU?

11) IF YOU USE A WHEELCHAIR—MAUNAL OR ELECTRIC?

12) DESCRIBE YOUR MOBILITY:

13) HOW FAR CAN YOU SHOOT AND KEEP YOUR SHOTS IN A 3 INCH GROUP?

14) ARE YOU A VETERAN?

15) DO YOU CURRENTLY HAVE A STATE OF WISCONSIN CLASS A DISABLED PERMIT? IF SO, PLEASE LIST THE NUMBER.