

HUNTING TRIP QUESTIONNAIRE

When booking a trip with Hunton Creek Outfitters, please complete the following form and sign in the designated area. Each person making a reservation must sign and submit a questionnaire.

Name (Exactly as shown on your passport or government issued

I.D.) _____

Mailing Address (Home Office)

ZIP _____

Phone: Home _____ Business _____

Cell _____

Email
Address _____

Physical Limitations/Medical Conditions/Dietary Restrictions/Daily Medications we should be aware

of _____

Height _____ Weight _____ Hair _____ Eyes _____ Birthdate _____

Last four digits of your SS# _____

Do you have a Hunter's Safety Certification? Yes No State of issue and

Please list your prior hunting experience.

Observer accompanying you (Exactly as shown on their passport or government issued

I.D.) _____

Mailing Address (Home Office)

_____ ZIP _____

Phone: Home _____ Business _____ Cell _____

Emergency Contact _____ Relationship _____

Phone: Daytime _____ Evening _____

Signature _____ Date _____