



CAMP ATTERBURY WOUNDED HERO HUNT PROGRAM APPLICATION



NAME _____ CURRENT OR FORMER RANK _____

STREET ADDRESS _____

CITY _____ STATE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

BRANCH OF SERVICE _____ MILITARY OCCUPATIONAL SPECIALTY _____

COMBAT TOUR DATES	LOCATION
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1. _____

2. _____

3. _____

WOUNDED IN ACTION (YES OR NO) _____ AWARDED THE PURPLE HEART (YES OR NO) _____

DISABILITY RATING (YES OR NO) _____ PERCENTAGE OF DISABILITY _____

IS YOUR DISABILITY COMBAT RELATED (YES OR NO) _____

PLEASE PROVIDE A REDACTED COPY OF YOUR DD214 WHEN RETURNING THIS APPLICATION

PLEASE SELECT WHICH HUNTS YOU WOULD LIKE TO PARTICIPATE IN:

SPRING TURKEY HUNT (YES OR NO) _____ FALL DEER HUNT (YES OR NO) _____

HAVE YOU COMPLETED A HUNTER'S EDUCATION COURSE _____ WHICH STATE _____

**IF NOT, YOU MUST COMPLETE A HUNTER'S EDUCATION COURSE PRIOR TO ARRIVING AT
CAMP ATTERBURY AND BRING YOUR HUNTER'S EDUCATION CARD WITH YOU.**

YOU CAN COMPLETE THE COURSE ONLINE AT <http://www.hunter-ed.com/indiana/>