

## **Client Questionnaire:**

Filling out this form will help you and us to make the most of your hunt. Please return this to us when submitting your hunt contract

Client's Name:
Address:
Home/Cell/Work Phone:
Email:
Additional Persons in your party: (Name and contact information)
Client's Emergency Contact:
Relationship:
Name:
Address:
Dhono:

## **About the Client:**

	Age _	Height	W	eight		
Р	hysical Conc	lition: Excellent	Good	_ Fair	Poor	
		Rifle Hunter	Bow Hunter_			
		Fly-In Hunt	Raft Hunt		<del></del>	
	Sched	uled Hunt Dates				
-	-	•	parture times.	You can	always email addit	ional inf
o us at terr	y1605@gma	il.com				
Arrival Time	in Fairbanks					_
Danartura T	ima fram Fai	rhanks				
Jeparture i	ime irom Fai	rbanks				
o vou have	any physica	l impairment, spec	ial needs, allerg	ies or an	y other health rela	ted issue
-		special attention			•	13340
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Additional C	omments an	d Requests:				