2015 Deer Hunt For People With Disabilities Permit Application
LAKE SHELBYVILLE – U.S. Army Corps of Engineers & Wolf Creek State Park

_____

LAST NAME **FIRST NAME** **MIDDLE INITIAL**

_____

ADDRESS

_____

CITY **STATE** **ZIP CODE**

_____

TELEPHONE (daytime)

DATE OF BIRTH_____
(MO) (DAY) (YEAR)

DO YOU POSSESS A STATE-ISSUED DISABLED PERSON or DISABLED VETERAN IDENTIFICATION CARD? _____YES _____NO

ARE YOU CONFINED TO A WHEELCHAIR (NON-AMBULATORY)? _____YES_____NO

ARE YOU A WOUNDED WARRIOR? _____YES_____NO (Must have received a purple heart to be eligible under the Wounded Warrior designation)

PLEASE DESCRIBE THE EXACT NATURE OF YOUR DISABILITY AND/OR ANY MAJOR HEALTH

PROBLEMS _____

_____

PLEASE LIST ANY MEDICATIONS THAT YOU ARE TAKING. EXCLUDING OVER THE COUNTER

MEDICATIONS_____

_____

_____

FIREARM OWNER ID NUMBER_____
(All Illinois residents must have a current FOID number)

WILL YOU BRING A NON-HUNTING ASSISTANT WITH YOU? _____YES _____NO
Note: We strongly encourage each hunter to bring a non-hunting assistant.
Hunters will be limited to **one** non-hunting assistant each.
(Please state your assistant's name, address, age, and phone number):

_____ **Age:**_____

_____

_____

RETURN TO: LAKE SHELBYVILLE PROJECT OFFICE
ATTN: DEER HUNT
1989 State HWY 16
SHELBYVILLE, IL 62565