

McDonald's Sportsmen's Association Foundation

2019 Wounded Warrior Pheasant Hunt

Hunter's Name:	Date of Birth:
Address:	Home Phone Number: Cell Phone Number:
Email address:	

Hunter's Assistant's Name:	Date of Birth:
Address:	Home Phone Number: Cell Phone Number:
Email address:	

Branch of service that you served? Branch: _____	Years Served:. From _____ to _____
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Will Field Transportation be Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will Shotgun be Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO Preferred Gauge: <input type="checkbox"/> 12 Gauge <input type="checkbox"/> 20 Gauge
<b>EMERGENCY CONTACT :</b>  NAME:  Phone Number:	<b><u>ADDITIONAL INFORMATION TO HELP ASSIST YOU:</u></b>

**THE INFORMATION YOU PROVIDE WILL BE KEPT PRIVATE AND REMAIN THE PROPERTY OF THE  
McDONALD'S SPORTSMAN'S ASSOCIATION FOUNDATION**