

Bluegrass Buddies Application

Be sure to complete the entire form as accurately as possible. The information will be reviewed by BGB Coordinator, Jerry. Please print and mail the application to address at the bottom.

Section 1

Applicants Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Date of Birth _____ Age _____ Male ____ Female ____

Email Address _____

----- Parent and Guardian Information -----

Section 2

Parents Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone _____

Emergency Phone _____

----- Applicant Information -----

Section 3

APPLICANTS HUNTING EXPERIENCE — 0 1 2 3 4 5

(circle one / 0 represents none and 5 being very skilled)

List any physcal, mental limitations the applicant might have:

List any medications and the dosages applicant is taking:

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