

## **HUNTING RESERVATION APPLICATION (Please print clearly)**

Copy this form as necessary Please use one form per person

NAME				
STREET/P.O. BOX	Κ			
PHONE:		home		work
	espondence will be through e		differently.	
SEX	DATE OF BIRTH	WEIGHT	HEIGH	-HT
OCCUPATION				
Are you in good	physical condition?	Any physic	al handicaps?	
Have you ever ha	ad heart trouble?	Do you have hig	h blood pressure?	
Are you allergic t	to certain food or drink?	If so please	state?	
Do you require a	you require a special diet? If so please state?			
Have you ever ridden horseback? If so, how recently?				
Do you consider your riding experience as: ( ) LIMITED ( ) MODERATE ( ) EXTENSIVE				
Have you hunted Big Game? Type of Game and results				
I would like to re	serve the following dates witl	n Montana Safaris for a	a hunting trip:	
1 <sup>st</sup> Choice:	(Hunt No.)	Dates		
2 <sup>nd</sup> Choice:	(Hunt No.)	Dates		
We require second 1/3 is dua availability unless total cost of trip. protection in the I recognishment to horsel participating in target meeting the rigo	ue on or before June 1, with the samplied towards a future read and remaining deposit may be event of unforeseen circums nize that there is a significate pack riding. Knowing the inhumber activities. I further uncomes and requirement of participates.	ing to confirm your re he remaining 1/3 due eservation. Hunting of be applied to a future tances. Return contra- nt element of risk in a erent risks, dangers a derstand the outfitter in pating in the activities.	eservations. No reservations who reservations made less reservation within two ct and deposit promptly any outfitting activity as and rigors involved in the reserves the right to red. I have read, understa	vations will be held without a 1/3 deposit. And son first 1/3 deposit due to hunting licenses than 180 days prior to hunt will forfeit ½ of years. We recommend trip insurance for you by to confirm your reservation.  Sesociated with the outdoors, including but not he activities, I certify that I am fully capable of the any person he judges to be incapable of and and accept the terms and conditions stated uring the entire period of participation in the
Signature	minor full responsibility is as	dates		<del></del>
it annircant ic a n	minor tiill recnoncibility ic ac	cumed by the undercid	aned narent or duardial	n

If applicant is a minor, full responsibility is assumed by the undersigned parent or guardian  $_{\hbox{\scriptsize date}}$