

HUNTER PROFILE 10

Please complete and return (print or type)

Last Name _____ First Name _____

Phone: (Cell) _____ (Wk) _____ (Hm) _____

Address _____ City _____ State _____ Zip _____

Height _____ Eye Color _____ Hair Color _____

Weight _____ Date of Birth _____ Social Security # _____
(SS# required if WSI obtains license)

Drivers License # _____ Hunter Safety # _____
(Required in TX if born on or after 9/2/71)

E-Mail Address _____

- Do you want Wildlife Systems to obtain your Hunting License? Yes _____ No _____
(If yes, include payment with profile.)
- Person/Company responsible for payment (if other than yourself): _____
- Please list members of your hunting party: _____

Medical Information

- Special Dietary Needs: _____
- Do you have any physical impairment that we should know about? _____
- Do you have any allergy problems that we should know about? _____
- What are the most common problems or dislikes you have observed while on your hunting trips: _____
- What hunting trips (game animals and birds) do you plan on trying to attend over the next five years? _____
- Are you members or subscribers of the following?
 - North American Hunting Club Yes _____ No _____
 - The Hunting Report Yes _____ No _____
 - Safari Club International Yes _____ No _____
- Can we use your name and telephone number on a reference list? Yes _____ No _____
If yes, please indicate what number would be best to use. _____
- Can we use your photo in future brochures or advertisements? Yes _____ No _____
- If flying, please list flight details.
 - Arrival: _____
 - Departure: _____