



# PARTICIPANT APPLICATION

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive our email newsletter with updates on programs and volunteer opportunities? (circle one) YES NO

Check all that apply:

I am a **veteran/elderly/physically challenged/cognitively challenged individual** in need of a Sporting Buddy, or who would like to participate in one or more of the following n.a.s.a. sporting activities.

I am the **caretaker of a veteran/elderly/physically challenged/cognitively challenged individual** in need of a Sporting Buddy, or who would like to participate in one or more of the following n.a.s.a. sporting activities.

I **work at a care facility of veterans/ elderly/ physically challenged/ cognitively challenged individuals** who would like to participate in one or more of the following n.a.s.a. sporting activities.

Fishing (summer)

Upland Game Hunting

Ice Fishing (winter)

Deer Hunting

Snow Skiing

Waterfowl Hunting

Golf

Coyote Hunting

Water Skiing

Large Game Hunting

Sled Hockey

Bicycling

Pontoon Boat

Kayaking

Marksmanship

Please send this completed form to:  
North American Squirrel Association

c/o Pat Lamke

1593 East Young Drive

Onalaska, WI 54650