



PARTICIPANT APPLICATION

North American Squirrel Association

Applicant's Name _____

Address: _____

City: _____ State _____ ZIP: _____

Telephone: _____ - _____ - _____

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 an **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/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/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

_____ Fishing (summer)
_____ Ice Fishing (winter)
_____ Golf
_____ Sled Hockey
_____ Pontoon Boat
_____ Kayaking

_____ Pheasant Hunting
_____ Snow Skiing
_____ Water Skiing
_____ Track Chair
_____ Bicycling

Please send this completed form to:
North American Squirrel Association
P.O. Box 186
Holmen, WI 54636