



Youth Hunter Sheep Camp Application Form

Name _____

Parent/Guardian _____

Address _____

City _____

Province _____ Postal Code _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Date of Birth _____

AHC Number _____ WIN Number _____

Medical conditions, disabilities, allergies? _____

Emergency Contact During Camp:

Name _____ Phone _____

Have you:

Completed Hunter Education Program? _____ Yes _____ No

Hunted Big Game in Alberta? _____ Yes _____ No

Hunted Bighorn Sheep? _____ Yes _____ No

Please include a short essay on your hunting experiences or on your future hunting dreams with the above application, and a completed Waiver and Indemnity Agreement (found on www.wsfab.org), and the \$30 registration fee to:

Wild Sheep Foundation Alberta

Box 2639, Rocky Mountain House, AB T4T 1L6

Phone: 403-845-5544 ... Fax: 403-844-2832 ... E-Mail: info@wsfab.org

Website: www.wsfab.org