



**Minnesota**  
Veterans 4 Veterans  
Trust Fund



**EVENT: Ely Fishing Trip**

**Name:** (last) \_\_\_\_\_ (first) \_\_\_\_\_ ( middle) \_\_\_\_\_

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**In case of an emergency, please contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Type of disability/diagnosis:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Briefly describe physical disabilities:**

\_\_\_\_\_

\_\_\_\_\_

**Difficulties with outdoor temperatures:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Describe any special needs, assistance, and/or equipment you will need:**

\_\_\_\_\_

\_\_\_\_\_

**Do you require the use of a wheelchair for independence:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Please circle items used:** walker cane crutches other: \_\_\_\_\_

**List any current medications taken:** \_\_\_\_\_

**Date of last medical appointment:** \_\_\_\_\_

**Name of physician seen:** \_\_\_\_\_

**Allergies (be specific):** \_\_\_\_\_



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Please list any other medical information concerning your current health status:

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Last year you fish/hunted: \_\_\_\_\_ Last year you fired a weapon independently: \_\_\_\_\_

Do you have a weapon/fishing pole available to use:

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate: Shotgun \_\_\_\_\_ Handgun \_\_\_\_\_ Archery \_\_\_\_\_ (Rifles not permitted)

( You must have your own transportation to and from the EVENT. )

Branch of Service: \_\_\_\_\_

Rank: \_\_\_\_\_

WWII: \_\_\_\_\_ Korea: \_\_\_\_\_ Vietnam: \_\_\_\_\_ Desert Storm: \_\_\_\_\_ Afghanistan \_\_\_\_\_ Iraq \_\_\_\_\_

Years served: \_\_\_\_\_

1. Our screening committee will review all applications.
2. Questions concerning these hunts should be directed to DAV MN Dept Headquarters (651) 291-1212. Or the American Legion Headquarters at 651-291-1800

All applications must be submitted by April 1<sup>st</sup>

Notifications will be made around April 15th

Return applications to:

**DAV DEPT OF MN**  
ATTN: JOHN  
20 12<sup>TH</sup> ST WEST  
ST PAUL, MN 55155

X

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Applicant's Signature