



C.K. Outdoor Adventures LLC (CKOA)
OUTDOOR SPORTSMAN INFORMATION FORM

One form per participant in a group is required. Please fill out in detail before signing.

Sportsman's Name: _____

Sportsman's Address: _____

(# Street, City / Town, State, Zip / Postal Code)

Phone: _____ Alt: _____

Email: _____

Emergency Contact: _____

Phone: _____ Alt: _____

DOB: _____ Last four digits of SS#: _____ HT: _____ WT: _____

Please answer the following:

Have you ever had any heart trouble, altitude sickness, walking or hiking difficulties? Circle one: yes | no

If yes, please describe: _____

Do you suffer from arthritis, color or night blindness, medical or food allergies? Circle one: yes | no

If yes, please describe: _____

Have you taken a hunter safety course? Circle one: yes | no Year: _____ State: _____

Have you previously hunted big game? Circle one: yes | no Type: _____

Was the hunt guided? _____ Where you satisfied? Circle one: yes | no

What will make your hunt experience EXCEPTIONAL? _____

Date: ____/____/____

Sportsman's Signature: _____