

SAVAGE ENCOUNTERS, INC.

HUNTER QUESTIONNAIRE

NAME: _____ PHONE: Home: _____

ADDRESS: _____ Office: _____

_____ Fax: _____

Driver Lic#: _____ email: _____

DATE OF BIRTH: _____ HAIR COLOR: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

EMPLOYER: _____ POSITION: _____

ADDRESS: _____ CONTACT: _____

_____ PHONE #: _____

EMERGENCY CONTACTS:

NAME # 1: _____ PHONE: _____

NAME # 2: _____ PHONE: _____

Do you smoke? Yes: _____ No: _____ If yes, how much?: _____

Allergies? Yes: _____ No: _____ If yes, specify: _____

Physical problems? Yes: _____ No: _____ If yes, specify _____

Medication(s)? Yes: _____ No: _____ If yes, specify _____

Special diet? Yes: _____ No: _____ If yes, specify: _____

Please rate your fitness level on a scale of 1 to 10 where 1=poor, 3=fair, 6=good & 10=excellent: _____

I declare that the foregoing information is true and accurate and will be used to customize my hunt.

Signature of Hunter: _____ Date: _____

